

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000029917**

1. Entity Name  
**Fantasy Star Travel Comp. INC**



FILED

03 JUN 12 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4938 Allen Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1841**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Zephyrhills, FL**

City & State  
**Zephyrhills, FL**

Zip  
**33542** Country  
**USA**

Zip  
**33539** Country  
**USA**

4. FEI Number  
**59-3229577**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Jacqueline Clarke**

Street Address (P.O. Box Number is Not Acceptable)  
**4938 Allen Rd**

City  
**Zephyrhills FL** Zip Code  
**33542**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

NAME	<b>Jacqueline Clarke</b>	DATE	<b>06/02/03</b>	FEI	<b>01072-013</b>	AMOUNT	<b>**150.00</b>
ADDRESS	<b>4938 Allen Rd.</b>						
CITY	<b>Zephyrhills, FL</b>						
ZIP	<b>33542</b>						

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jacqueline Clarke** **5/30/03** **813-788-5572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jacqueline Clarke** **5/30/03**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)