2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P94000056537 1. Entity Name LEBLANC TRAVEL, INC. 04-24-2001 90059 001 ***150.00 Principal Place of Business Mailing Address 2430 AIRPORT BLVD. 2430 AIRPORT BLVD. PENSACOLA FL 32504 PENSACOLA FL 32504 US 3. Mailing Address 2. Principal Place of Business MALAFOX ST 313 South 313 South Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ity & State 4. FEI Number Applied For 59-3256268 ORIGA FLORIDA NSACOCA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 32501 Fee Required 32501 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEBLANC, RICHARD Street Address (P.O. Box Number is No Acceptable) 422 MONTROSE BLVD. **GULF BREEZE FL 32561** Zip Code 32 50 7 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE Detete LEBLANC, RICHARD NAME CORREY FIRLD ROAD 422 MONTROSE BLVD. STREET ADDRESS STREET ADDRESS 34507 CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF