

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057824

1. Entity Name

GUARANTEED TRAVEL, INC.

**FILED**  
May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90081 007 \*\*\*158.75

Principal Place of Business 2907 SR 590 SUITE 5 CLEARWATER FL 34619 US	Mailing Address 2907 SR 590 SUITE 5 CLEARWATER FL 34619 US
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2. Principal Place of Business 1550 McMULLEN BOOTH RD Suite, Apt. #, etc. F-3	3. Mailing Address Suite, Apt. #, etc.
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City & State CLEARWATER, FL	City & State	4. FEI Number 59-3257505	Applied For Not Applicable
Zip 33759	Country PINELLAS	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HAMMOND, WILLIAM A 2907 SR 590 SUITE 5 CLEARWATER FL 34619	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, WILLIAM A 2907 SR 590, STE 5 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRESIDENT, SECRETARY, TREASURER WILLIAM A. HAMMOND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William A. Hammond 4/30/00 727-725-9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)