

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90186 043 ***150.00

DOCUMENT # P94000060968

1. Entity Name
HIGH PERFORMANCE TRAVEL, INC.

Principal Place of Business
600 SILVER BEACH AVENUE
DAYTONA BEACH FL 32118
US

Mailing Address
600 SILVER BEACH AVENUE
DAYTONA BEACH FL 32118
US

2. Principal Place of Business
2445 SO RIDGEWOOD
 Suite, Apt. #, etc.

3. Mailing Address
2445 SO. RIDGEWOOD
 Suite, Apt. #, etc.

City & State
SO DAYTONA, FL
Zip
32119
Country
USA

City & State
SO DAYTONA, FL
Zip
32119
Country
USA

4. FEI Number **59-3259525** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

TUMBLESON, J D
150 SOUTH PALMETTO AVENUE, BOX A
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TUMBLESON, J D	NAME			
STREET ADDRESS	150 SO. PALMETTO AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL	CITY-ST-ZIP			
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BORG, DANIEL L	NAME			
STREET ADDRESS	2445 S. RIDGEWOOD AVE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32119	CITY-ST-ZIP			
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FORNELL, RICHARD H	NAME			
STREET ADDRESS	642 CARSWELL AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FORD, IAN J	NAME			
STREET ADDRESS	2445 S. RIDGEWOOD AVE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32119	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: DANIEL L. BORG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **386-252-4423**
 Date Daytime Phone #

0012066 AV

CR2E034 (9/01)