

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065836

1. Entity Name

K & M TRAVEL, INCORPORATED

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90082 004 ***150.00

Principal Place of Business

38507 ~~FIFTH AVE~~ FIFTH Ave
DOWNTOWN
ZEPHYRHILLS FL 33540
US

Mailing Address

~~37432 8TH AVE.~~ 38507 FIFTH Ave
ZEPHYRHILLS FL 33540
US

00005437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38507 FIFTH Ave

3. Mailing Address

Suite, Apt. #, etc.

Down town

City & State

Zephyrhills FL

City & State

Zip
33540

Country

Zip

Country

4. FEI Number 59-3264594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTESON, MARVIN D
37432 8TH AVE.
ZEPHYRHILLS FL 33541

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, 2001 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 P
NAME MATTESON, MARVIN D.
STREET ADDRESS 37432 8TH AVE.
CITY-ST-ZIP ZEPHYRHILLS FL ☐ Delete

TITLE
NAME Vice President ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME DILLAMAN, KAREN
STREET ADDRESS 37432 8TH AVE.
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
NAME President ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Marvin Matteson

MARVIN D. MATTESON, VP

1-16-2001

813 786 6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)