

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90070 032 ***150.00

DOCUMENT # P94000065836

1. Entity Name
K & M TRAVEL, INCORPORATED



Principal Place of Business
**38507 FIFTH AVE
DOWNTOWN
ZEPHYRHILLS FL 33542
US**

Mailing Address
**38507 FIFTH AVE
DOWNTOWN
ZEPHYRHILLS FL 33542
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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)

38507 5th Ave

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 *Marvin D. Matteson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **MATTESON, MARVIN D.**
STREET ADDRESS ~~**37432 8TH AVE**~~ **38507 5th Ave**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

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

TITLE **P** ☐ Delete
NAME **DILLAMAN, KAREN**
STREET ADDRESS ~~**37432 8TH AVE**~~ **38507 5th Ave**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marvin D. Matteson **MATTESON, MARVIN D.**

1-11-2003

813 784 6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)