

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 030 ***150.00

DOCUMENT # **P 94000090252**

1. Entity Name

TRAVEL CENTER, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2248 GULFGATE DR

State, Apt. #, etc.

SARASOTA, FL

City & State

Zip

34231

Country

USA

3. Mailing Address

2248 GULFGATE DR

Suite, Apt. #, etc.

SARASOTA, FL

Zip

34231

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0542177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BARBARA A. MEADOWS

Street Address (P.O. Box Number is Not Acceptable)

2450 BRIDGEWATER LN

City

SARASOTA

FL

Zip Code

34231

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

4/29/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEADOWS, BARBARA A 2450 BRIDGEWATER LN SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEADOWS, David G 2450 BRIDGEWATER LN SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 on an attachment with an address with all other live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 241-517-2423