

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90059 026 \*\*\*150.00

**DOCUMENT # P95000007838**

1. Entity Name

**TRAVEL ACCESS INTERNATIONAL, INC.**

Principal Place of Business

**600 BYPASS DRIVE  
# 99  
CLEARWATER FL 33764  
US**

Mailing Address

**600 BYPASS DRIVE  
# 99  
CLEARWATER FL 33764  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3296544**

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****CAROLE A. BROWN  
600 BYPASS DRIVE  
SUITE 99  
CLEARWATER FL 34624**

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 CAROLE A. BROWN

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Carole A Brown1-23-019. 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 **PTD** ☐ Delete  
NAME **BROWN, CAROLE A**  
STREET ADDRESS **10419 124TH TERRACE NORTH**  
CITY-ST-ZIP **LARGO FL**TITLE **V** ☐ Delete  
NAME **PARZYGNOT, GARY L**  
STREET ADDRESS **600 BYPASS DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 34624**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PRESIDENT & TREASURER** ☒ Change ☐ Addition  
NAME **GARY L. PARZYGNOT**  
STREET ADDRESS **600 BYPASS DR. STE 99**  
CITY-ST-ZIP **CLEARWATER FL 33764**TITLE **JEANNE L. PARZYGNOT** ☒ Change ☐ Addition  
NAME **600 BYPASS DR. STE 99**  
STREET ADDRESS **CLEARWATER FL 33764**  
CITY-ST-ZIP **VICE PRESIDENT**TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME **CAROLE A. BROWN**  
STREET ADDRESS **10419 124th Terr. NO.**  
CITY-ST-ZIP **LARGO FL 33709**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Carole A Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-01

Date

727-791-1900

Daytime Phone #

CR2E034 (10/00)