

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008168

1. Entity Name

TICKETS 2 GO TRAVEL, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90070 022 ***150.00

Principal Place of Business

221 E EAU GALLIE BLVD
SUITE 221
MELBOURNE FL 32937
US

Mailing Address

221 E EAU GALLIE BLVD
SUITE 221
MELBOURNE FL 32937
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

221 E. Eau Gallie Blvd.

Suite, Apt. #, etc.

221 E. Eau Gallie Blvd.

City & State

Indian Harbour Bch FL

City & State

Indian Harbour Bch FL

Zip

32937

Country

US

Zip

32937

Country

US

4. FEI Number

59-3291591

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EL TOBQUI, ALAN
190 S. SYKES CREEK PARKWAY
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

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

117 Lansing Island Drive

City

Indian Harbour Bch

FL

Zip Code

32937

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

TITLE **P** ☐ Delete
NAME **BJORNAR HERMANSEN**
STREET ADDRESS **205 HACIENDA DR.**
CITY-ST-ZIP **MERRIT ISLAND FL 32952**

TITLE **ST** ☐ Delete
NAME **EL TOBQUI, ALAN**
STREET ADDRESS **190 S. SYKES CREEK PARKWAY**
CITY-ST-ZIP **MERRIT ISLAND FL 32952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **117 Lansing Island Drive**
CITY-ST-ZIP **Indian Harbour Bch FL 32937**

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

0081485

CR2E034 (10/00)