

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90218 015 ***150.00

DOCUMENT # P95000032268



1. Entity Name
GETAWAY ADVENTURES, INC.

Principal Place of Business
18400 SAN CARLOS BLVD.
FORT MYERS BEACH FL 33931

Mailing Address
18400 SAN CARLOS BLVD.
FORT MYERS BEACH FL 33931

2. Principal Place of Business
18450 SAN CARLOS BLVD.

Suite, Apt. #, etc.
FORT MYERS Bch,
City & State
FL

3. Mailing Address
18450 SAN CARLOS BLVD.

Suite, Apt. #, etc.
FORT MYERS Bch FL
City & State

Zip
33931

Country

Zip
33931

Country

4. FEI Number **65-0586111**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PITTS, RICKY R
17821 REBECCA AVE
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **D** ☐ **Delete**
NAME **PITTS, RICKY R**
STREET ADDRESS **17821 REBECCA AVENUE**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **D** ☐ **Delete**
NAME **PITTS, JUDITH A**
STREET ADDRESS **11481 REBECCA AVENUE**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 239-466-6330

Date

Daytime Phone #

CR2E034 (10/02)