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

**DOCUMENT #** 

P95000079176

1. Entity Name C & J TRAVEL, INC.



Principal Place of Business

1611 SE 3RD CT

Mailing Address

1611 SE 3RD CT



01-27-2003 90552 041 \*\*\*150.00

Suite, Apt. 4, etc.  City 6, State  City 6, State  City 6, State  City 6, State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of State Descred  See Foolits498  Applicable for Not Applicable  See Foolits498  Applicable  See Foolits498  Applicable  See Foolits498  Applicable  See Foolits498  See Foolits498  Applicable  See Foolits498  Applicable  See Foolits498  See Foolits498  Fo	DEERFIELD BEACH FL 33441				DEERFIELD BEACH FL 33441								
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Country   Zip   Country   S. Certificate of Status Desired   Se. 75 Additional Per Registered Agent   Sec. 75 Additio	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  **Name**  **	City & Stat	e		City	& State			4. FEI Number 65-0615498		<b>⊢</b>	<u> </u>		
WALKER, CHARLES F 1611 SE 38D CT DEERFIELD BEACH FL 33441  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligation of registered agent, or both, in the State of Florida.  Signal Addition of Florida Department of State of Florida Department of State of Florida Department of State of Florida Depar	Zip Country			Zip		ntry	5.	Certificate of Status Desired					
WALKER, CHARLES F 1611 SE 3RD CT DEERFIELD BEACH FL 33441  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registored agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Maske Check Payable to Floridae Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D WALKER, CHARLES F 1011 SE 3RD CT DEERFIELD BEACH FL  TITLE  D WALKER, JANE  STREET ALORESS  OTY-ST-2P  TITLE  D Oetho  TITLE  D OETHORSO  D		6. Name	and Address of Current	Register	ed Agent		7. Name and Address of New Registered Agent						
Since Address (P.O. Sox Number is Not Acceptable)  Street Address (P.O. Sox Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR	Jan 1. 1.						_Name	<del></del>					-
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THE COLINGIANT PARTY Symbol or private registered agent.    FILE NOW!!! FEE IS \$150.00		r					City			FL	Zip Coo	le	1
SIGNATURE    Signature   Sported or printed neuro of registered appear and title of exploitable   (NOTE Registered Appent agrature required when reinstating)   DATE				or the purp	oose of changing its	register	ed office or regis	tered a	gent, or both, in the State of Flor	da. I am	familiar with,	and accept	1
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**SIGNATURE:** 

Daytime Phone #