

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90025 041 ***550.00

DOCUMENT #: P95000095114

1. Entity Name

PREFERRED TRAVEL & TOURS, INC.

Principal Place of Business

Mailing Address

22191 Powerline Road, Bay 22C
Boca Raton, FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0626525

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 Now Registered Agent

GERALD GRITER

EMO

100 N.E. 3RD Avenue Suite 1100

FORT LAUDERDALE, FL 33301

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

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

(NOTE: Registered Agent signature required when renewing)

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

ANALYST: 2000-09-14 12:09 FAX 1 954 763 2439

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: CEO/D ☐ Delete
NAME: Paul R. Johnson
STREET ADDRESS: 22191 Powerline Road, Bay 22C
CITY-ST-ZIP: Boca Raton, FL 33433

TITLE: COO ☐ Delete
NAME: Richard Krieger
STREET ADDRESS: 22191 Powerline Road, Bay 22C
CITY-ST-ZIP: Boca Raton, FL 33433

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:

12. 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:

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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:

Richard Krieger, COO

9.14.00

361/4170688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #