DOCUMENT # P96000002413

1. Entity Name

G2 TRAVEL, INC.

FILED

00 MAY -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7685 DEBEAUBIEN DR ORLANDO FL 32809	7685 DEBEAUBIEN DR ORLANDO FL 32835-8127 US

2. Principal Place of Business	3. Mailing Address
8669 Commodity Cir	8669 Commodity Cir
Suite, Apt. #, etc. Attn: Tom Avallone	Suite, Apt. #, etc. Attn: Tom Avallone
City & State Orlando, FL	City & State Orlando, FL
Zip 32819 Country USA	Zip 32819 Country USA

4. FEI Number 59-3351595 ☐ 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
NEUKAMM, MICHAEL E 201 E. PINE ST. SUITE 1200 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE EARL, ROBERT I 7685 DEBEAUBIEN DR ORLANDO FL 32835	☐ Delete	DPCE EARL ROBERT I. 8669 Commodity Circle Orlando, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ROSENBERG, DAVID J 7685 DEBEAUBIEN DR ORLANDO FL	☒ Delete	ST Avallone, Thomas 8669 Commodity Circle Orlando, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000003242740--3 -05/08/00--01104--005 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	LS	☐ Change ☐ Addition

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: Robert Earl 4/ /2000 407-352-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #