

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90132 048 ***150.00

DOCUMENT # P96000004057

1. Entity Name
BLOOMINGDALE TRAVEL, INC.



Principal Place of Business
**819 E. BLOOMINGDALE
BRANDON FL 33511**

Mailing Address
**819 E. BLOOMINGDALE
BRANDON FL 33511**



2. Principal Place of Business

3. Mailing Address

611 East Bloomingdale

611 East Bloomingdale

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Brandon FL

Brandon FL

Zip
33511

Country
US

Zip
33511

Country
US

4. FEI Number **59-3374391**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, KATHLEEN
819 BLOOMINGDALE
BRANDON FL 33511**

Name
Street Address (P.O. Box Number is Not Acceptable)
611 East Bloomingdale Suite A
City **Brandon** FL Zip Code **33511**

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: **Kathleen Coleman** **owner** **1-30-03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **COLEMAN, KATHLEEN**
STREET ADDRESS **819 E BLOOMINGDALE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **611 East Bloomingdale Suite A**
CITY-ST-ZIP **Brandon FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Kathleen Coleman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **813 684-6511**
Date Daytime Phone #

CR2E034 (10/02)