

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031514

1. Entity Name

FLORIDA TRAVEL NETWORK MARKETING INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90126 028 ***158.75

Principal Place of Business 700 ISLAND WAY #201 CLEARWATER FL 33767 US	Mailing Address 700 ISLAND WAY #201 CLEARWATER FL 33767 US
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2. Principal Place of Business 140 ISLAND WAY Suite, Apt. #, etc. #162 City & State CLEARWATER FL.	3. Mailing Address 140 ISLAND WAY Suite, Apt. #, etc. #162 City & State CLEARWATER FL
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Zip 33767	Country USA	Zip 33767	Country USA
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6. Name and Address of Current Registered Agent MINIE, STEVE G 700 ISLAND WAY #201 CLEARWATER FL 33767	7. Name and Address of New Registered Agent Name STEVE MINIE Street Address (P.O. Box Number is Not Acceptable) 140 ISLAND WAY #162 City CLEARWATER FL Zip Code 33767
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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 <u>Steve Minie - STEVE MINIE</u> DATE <u>4/25/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINIE, STEVE 700 ISLAND WAY #201 CLEARWATER FL 33767 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER MINIE, STEVE 140 ISLAND WAY #162 CLEARWATER, FL. 33767 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Steve Minie</u> DATE <u>4/25/01</u> DAYTIME PHONE # <u>(727) 443-4143</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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CR2E034 (10/00)