2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031636

FILED
Jun 21 2000 8:00 am
Secretary of State

1. Entity Name

ALL STAR TRAVEL INC.

Principal Place of Business	Mailing Address
402 JOAN AVENUE SUITE 6 LEHIGH ACRES FL 33971	402 JOAN AVENUE SUITE 6 LEHIGH ACRES FL 33971-1928

DO NOT WRITE IN THIS SPACE AC 6/22

2. Principal Place of Business	3. Mailing Address
3229 4TH ST. W.	3229 4TH ST. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State: LEHIGH ACRES, FL
Zip: 33971 Country: LEE	Zip: 33971 Country: LEE

4. FEI Number 65-0700193 ☐ 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
SUTER, RITA 1512 E 9TH ST. LEHIGH ACRES FL 33936	Name: KAREN A. LAFON Street Address (P.O. Box Number is Not Acceptable): 3229 4TH ST. W City: LEHIGH ACRES FL Zip Code: 33971

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: KAREN A. LAFON, PRESIDENT / SECRETARY 3-27-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

DUE NOW!! FEE $150.00
After [illegible], 2000 Fee will be $[illegible]
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	PS SUTER, WALTER 1512 E 9TH STREET LEHIGH ACRES FL 33936	☑ Delete	PS KAREN A. LAFON 3229 4TH ST. W. LEHIGH ACRES, FL 33971	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SUTER, RITA 1512 E 9TH STREET LEHIGH ACRES FL 33936	☑ Delete		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900003302909--2 -06/23/00--01068--001 ****158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Karen A. LaFon 3-27-00 (941) 368-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #