

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91584 041 ***150.00

DOCUMENT # P96000037928

1. Entity Name

AUDUBON TRAVEL AND TOURS INC

Principal Place of Business

**24123 PEACHLAND BLVD
UNIT C6
PT CHARLOTTE FL 33954**

Mailing Address

**24123 PEACHLAND BLVD
UNIT C6
PT CHARLOTTE FL 33954**

2. Principal Place of Business

24150 TISEO BLVD UNIT 3

3. Mailing Address

24150 TISEO BLVD UNIT 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL

4. FEI Number

65-0670784

Applied For

Not Applicable

Zip

Country

33980

AUDUBON TRAVEL

Zip

Country

33980

AUDUBON TRAVEL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, MARIA T
32401 TONOWA DR
PUNTA GORDA FL 33982**

7. Name and Address of New Registered Agent

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 reinstating)

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
After May 1, 2002 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

TITLE **P** ☐ Delete
NAME **HILL, MARIA T**
STREET ADDRESS **32401 TONOWA DR**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **VP** ☐ Delete
NAME **HIDALGO, BLAS E**
STREET ADDRESS **19360 VILLANOVA ST.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **G** ☐ Delete
NAME **COCALIDDES, ANA M**
STREET ADDRESS **3052 COLLINGSWOOD BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

TITLE ☐ Change ☐ Addition
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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: *Maria T Hill* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

Daytime Phone #

CR2E034 (9/01)