

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 042 ***150.00

DOCUMENT # P96000046188

1. Entity Name
CRUISE & TRAVEL CENTER, INC.



Principal Place of Business
**703 NORTH 7TH STREET
MACLENNY, FL 32063**

Mailing Address
~~ROUTE 2 BOX 461A~~
MACLENNY, FL 32063

2. Principal Place of Business

3. Mailing Address
703 North 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MACLENNY FL.

Zip

Country

Zip

Country

32063 BAKER

4. FEI Number

59-3319948

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

**COOK, CHARLOTTE J
703 NORTH 7TH STREET
MACLENNY, FL 32063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Charlotte J Cook, Vice-President**

4-29-03

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 \$650.00
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	PD	<input type="checkbox"/> Delete
NAME	COOK, WILLIAM G	
STREET ADDRESS	703 NORTH 7TH STREET	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, CHARLOTTE J	
STREET ADDRESS	703 NORTH 7TH STREET	
CITY-ST-ZIP	MACLENNY, FL 32063	
TITLE		<input type="checkbox"/> Delete
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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: **Charlotte J Cook, Vice-President** **4-29-03** **904-259-6794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)