

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000052444**1. Entity Name
EMPHASIS TRAVEL MARKETING, INC.Principal Place of Business
729 CAMINO LAKES CIRCLE
BOCA RATON FL 33486
Mailing Address
729 CAMINO LAKES CIRCLE
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684450

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSHEARER BRUCE R
729 CAMINO LAKES CIRCLE

BOCA RATON FL 33486

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 _____ **04/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE DS ☐ Delete
NAME SHEARER GILLIAN E
STREET ADDRESS 759 CAMINO LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486TITLE DPV ☐ Delete
NAME SHEARER BRUCE R
STREET ADDRESS 759 CAMINO LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DS ☒ Change ☐ Addition
NAME SHEARER GILLIAN E
STREET ADDRESS 729 CAMINO LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486TITLE DPV ☒ Change ☐ Addition
NAME SHEARER BRUCE R
STREET ADDRESS 729 CAMINO LAKES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: Bruce R. Shearer

DPV

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)