

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90075 045 ***150.00

DOCUMENT # P96000057941

1. Entity Name
TRAVEL ETC., INC.

Principal Place of Business: 11764 MARCO BEACH DR. 9A JACKSONVILLE FL 32224
 Mailing Address: 11764 MARCO BEACH DR. 9A JACKSONVILLE FL 32224-7684 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **11760 Marco Beach Dr.**
 Suite, Apt. #, etc. **9**

3. Mailing Address: **11760 Marco Beach Dr.**
 Suite, Apt. #, etc. **9**

City & State: **Jacksonville, FL**

Zip: **32224** Country: **USA**

4. FEI Number: **59-3420614**

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

6. Name and Address of Current Registered Agent

CHASTANG, GRAYLIN N
11764 MARCO BEACH DR
JACKSONVILLE FL 32224

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 _____ (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, 2000 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: S	<input type="checkbox"/> Delete
NAME: CHASTANG, VICKI G.	
STREET ADDRESS: 11764 MARCO BEACH DR #9A	
CITY-ST-ZIP: JACKSONVILLE FL 32226	
TITLE: P	<input type="checkbox"/> Delete
NAME: CHASTANG, GRAYLIN N	
STREET ADDRESS: 11764 MARCO BEACH DR #9A	
CITY-ST-ZIP: JACKSONVILLE FL 32224	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 11760 Marco Beach Dr. #9	
CITY-ST-ZIP: Jacksonville, FL 32224	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 11760 Marco Beach Dr. #9	
CITY-ST-ZIP: Jacksonville, FL 32224	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: **2 Vicki G. Chastang** DATE: **04/25/00** DAYTIME PHONE #: **(904) 997-9306**

CR2E034 (9/99)