

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90085 039 ***150.00

DOCUMENT # P96000060330
 1. Entity Name
HAPPY TRAVELER, INC.

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|---|--|
| Principal Place of Business 555 BEVILLE RD SOUTH DAYTONA FL 32119 US | Mailing Address 555 BEVILLE RD SOUTH DAYTONA FL 32119-2062 US |
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| 2. Principal Place of Business 3067 S. Peninsula Dr. Suite, Apt. #, etc. | 3. Mailing Address 3067 S. Peninsula Dr. Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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| City & State Daytona Beach, FL Zip 32118 Country USA | City & State Daytona Beach, FL Zip 32118 Country USA |
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|---|--|
| 4. FEI Number 59-3390076 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
PFEIFFER, ANNA M
3067 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118

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 **FILE NOW!!! FEE IS \$150.00** After MAY 11, 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PFEIFFER, ANNA M 3067 SOUTH PENINSULA DRIVE DAYTONA BEACH FL 32118 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Anna M Pfeiffer* **3/23/00** (904) 788-3877
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #