

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90125 042 ***150.00

DOCUMENT # **P 96000096122**

1. Entity Name

JVS TRAVEL SERVICE INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7449 KEA LANI DR

Suite, Apt. #, etc.

3. Mailing Address

7449 KEA LANI DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH

Zip

FL

Country

33437

City & State

BOYNTON BEACH

Zip

FL

Country

33437

4. FEI Number

65-0729278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JULIA V. SHORE**

Street Address (P.O. Box Number is Not Acceptable) -

7449 KEA LANI DR

City **BOYNTON BEACH** FL Zip Code **33437**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DIRECTOR/PRESIDENT**
NAME **SHORE JULIA V.**
STREET ADDRESS **7449 KEA LANI DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/03** Daytime Phone #

CR2E034B (12/02)