

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000001454**

1. Entity Name

TRAVEL STOP, INC.

FILED

01 OCT -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Post Office Box 3379

Suite, Apt. #, etc.

City & State

Riverview, FL 33568

Zip

Country

USA

[Handwritten mark]

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3427776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Boyce Abernathy
6503 US 301 N
Tampa, FL 33610

7. Name and Address of New Registered Agent

Name Les Beliles

Street Address (P.O. Box Number is Not Acceptable)
451 Norma Ct

City Punta Gorda

FL

Zip Code 33950

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 *[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, 2001 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 Treasurer ☒ Delete
NAME Mark Pomponio
STREET ADDRESS 6503 US 301 N., Tampa, FL 33610
CITY-ST-ZIP

TITLE President/Director ☐ Delete
NAME Boyce Abernathy
STREET ADDRESS Post Office Box 3379
CITY-ST-ZIP Riverview, FL 33568

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Mary Lou Minerva
STREET ADDRESS Post Office Box 3379
CITY-ST-ZIP Riverview, FL 33568

TITLE Secretary ☐ Change ☒ Addition
NAME Les Beliles
STREET ADDRESS Post Office Box 3379
CITY-ST-ZIP Riverview, FL 33568

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900004625229-3
-10/05/01--01066--001
***1650.00 ***550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/01/01

Date

813-629-5688

Daytime Phone #

CR2E034 (11/00)