## 2001 UNIFORM BUSINESS REPORT (UBR) May 01, 2001 8:00 am Secretary of State DOCUMENT # P9700066559 SEA AND SHORE TRAVEL, INC. 05-01-2001 90063 025 \*\*\*150.00 Principal Place of Business Mailing Address AND US HWY 1 HWY 1 STE 80 (02 STE # 102 しひひひひひばんし NORTH PALM BEACH FL 33408 N PALM BCH FL 33408 US 2. Principal Place of Business 3. Mailing Address 745 US Itwy 1 745 US 11WY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 102 102 Sute City & State City & State 4. FEI Number 65-0727381 Applied For BEACH √∟ BEACH Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33408 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LORNA POBLETE, LORNA Street Address (P.O. Box Number is Not Acceptable) 124 SHORE CT NORTH PALM BEACH FL 33408 Zip Code 33418 CITPALM BEACH GARDENS 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE POBLETE LOENA POBLETE, LORNA NAME NAME 1037 , ASPRI WAY 4320 LILACT ST 2D STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition SWEETING, CHERYL NAME NAME 100 LAKESHORE DR STREET ADDRESS STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE n Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

LORNA A · POBLETE

SIGNING OFFICER OR DIRECTOR

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