

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080984

1. Entity Name

S&R TRAVEL, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90062 023 ***150.00

Principal Place of Business

Mailing Address

~~1435 MARKET ST~~
TALLAHASSEE FL 32312
US

~~1435 MARKET ST~~
TALLAHASSEE FL 32308-3499
US

951278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3491-13 THOMASVILLE RD.

3. Mailing Address

3491-13 THOMASVILLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3469148

Applied For

Not Applicable

Zip

Country

32308 USA

Zip

Country

32308 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOWALCHYK, DEAN C
4515 ARGYLE LN
TALLAHASSEE FL 32308

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

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

(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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NICHOLS, SHARON L
STREET ADDRESS ~~1435 MARKET ST~~ 3491-
CITY-ST-ZIP TALLAHASSEE FL 32312

☒ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS 3491-13 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE STD ☐ Delete
NAME NICHOLS, B R
STREET ADDRESS ~~1435 MARKET ST~~
CITY-ST-ZIP TALLAHASSEE FL 32312

☒ Change ☐ Addition
TITLE ☐ Delete
NAME
STREET ADDRESS 3491-13 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
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CITY-ST-ZIP

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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

4/24/00 (850)894-6000
Date Daytime Phone #

CR2E034 (9/99)