

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90002 022 ***150.00

DOCUMENT # P97000082071

1. Entity Name

TRAVELERS EMPORIUM INC.

Principal Place of Business

2458 SW WARWICK ST.
 PORT SAINT LUCIE FL 34984
 US

Mailing Address

1203 S.W. SUNSET TRAIL
 PALM CITY FL 34990
 US

2. Principal Place of Business

Mailing Address

2458 SW WARWICK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT ST Lucie FL

Zip

Country

Zip

Country

34984

USA

4. FEI Number

65-0786545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MASON, KATHLEEN
 1203 S.W. SUNSET TRAIL
 PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name: KATHLEEN MASON (same)
 Street Address (P.O. Box Number is Not Acceptable):
 2458 SW WARWICK ST (New)
 City: PT ST Lucie FL Zip Code: 34984

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, 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

TITLE: D
 NAME: MASON, KATHLEEN F
 STREET ADDRESS: 2458 S.W. WARWICK STREET
 CITY-ST-ZIP: PORT ST. LUCIE FL 34984 ☐ Delete

TITLE: D
 NAME: MASON, MICHAEL J
 STREET ADDRESS: 2458 S.W. WARWICK STREET
 CITY-ST-ZIP: PORT ST. LUCIE FL 34984 ☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

The only change
 is making
 address

Thank You
 Kathleen
 Mason

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

Date

Daytime Phone #

KATHLEEN MASON

2-20-01

881 873 0540

CR2E034 (10/00)