2001 UNIFORM BUSINESS REPCRT (UBR)

DOCUMENT # P9700096311 1. Entity Name TRAVEL ASSET, INC.									· " cs.p.ss	· · •			
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Principal Place of Business Mailing Address			•			ĺ	_						
2300 MAITLAND CENTER PARKWAY #140 MAITLAND FL 32751			2300 MAITLAND CENTER P. MAITLAND FL 32751		ARKWAY #140		i :		I apr 2 Cretar				
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2. Principal Place of Business			3. Mailing Address		_								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO	NOT WRITE	IN THIS S	PACE		
City & State			City & State					El Number 59-	3511579-			oplied For ot Applicable]
Zip Country			Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required]
	6. Name and Address of Cu	rrent Rec	jistered Agent				7. Na	ame and Address	of New Reg	istered A	gent		1
					Name		ŧ						
GORTZ, ALBERT 2255 GLADES RD					Street A	ddress (P.	O. Bo	x Number is Not A	.cceptable)				
SUITI	E 340 WEST						;	-					1
BOC	A RATON FL 33431				City		-			FL	Zip Cod	e	p
8. The above	named entity submits this statem	ent for the	e purpose of changing its	- register	ed office or	registered	d age	nt, or both, in the S	State of Florid	da.			
SIGNATURE _	Signature, typed or printed name of registered	d agent and t	itle if applicable. (NOT	Registere	d Agent s gnatu	ure required w	hen rein	nstating)	_	DATE			
Tax filing r	oration is eligible to satisfy its Intalequirement and elects to do so. a on back)	ngible	FILE NOW After MAY 1, 20 Make Check Payal)1 Fee	will be \$5	50.00		10. Election Car Trust Fund C	Contribution.		Àdded	May Be to Fees	
11.	OFFICERS	AND DIR	ECTORS	12.			ADD	ITIONS/CHANGE	S TO OFFIC] ,
TITLE NAME STREET ADDRESS	D Warren, Randall J Po Box 872 ((N//A))		☐ Delete	TITL NAM STRI							☐ Change	Addition	
CITY-ST-ZIP	WINTER PARK FL 32790-08	12			-ST-ZIP		j					- Armer-	-
TITLE NAME STREET ADDRESS	D GROSS, MICHAEL A PO BOX 872		☐ Delete	TITL NAM STRI		P.0	03	304 81	rael		Change	∐ Addition	}
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NAME			•	NAM	ie Eet add r ess		1	4000	1042 057157	11. 6] 11.——01	լ ՀԼ Հ ⊁ ≃ ՌԾՉ~~Ր	: 105	Ì
STREET ADDRESS CITY-ST-ZIP				- 11	'-ST-ZIP		ŧ		υαντανι ¢***15(). OD	****15	 30.00	
TITLE	<u> </u>		☐ Delete	TITL	E						☐ Change	Addition	7
NAME				NAM									
STREET ADDRESS				II II	EET ADDRESS '-ST-ZIP								ł
CITY - ST-ZIP				TITL							☐ Change	☐ Addition	1
TITLE" NAME			☐ Delete	NAN							onange	L Waldon	
STREET ADDRESS				STR	EET ADDRESS								
CITY-ST-ZIP				CITY	-ST-ZIP								4
TITLE	-		☐ Delete	TITL					***		☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM STRI	ie Eet address				Ţ.	9			
CITY-ST-ZIP				н	'-ST-ZIP								
13 Lhereby c	ertify that the information supplie	d with this	s filing does not qualify fo	the exe	mption stat	ed in Sect	ion 1	19.07(3)(i), Florida	Statutes. I fu	ırther certi	fy that the ir	nformation	1
indicated	on this report or supplemental re poration or the receiver or trustee	port is tru	a and accurate and that i	W SIGDS	ture shall h	ave the sa	me la	inal ettect as it ma	de under oa:	in inari ai	m an officer	or director	