

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 019 ***150.00

DOCUMENT # P97000102201
1. Entity Name LRM ENTERPRISES INC DBA TRAVEL TRENDS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business TRAVEL TRENDS 3. Mailing Address 156 W. S. R. 434

Suite, Apt. #, etc. 156 W. S. R. 434 Suite, Apt. #, etc.

City & State WINTER SPRINGS FL City & State WINTER SPRINGS, FL

Zip 32708 Country Seminole Zip 32708 Country Seminole

4. FEI Number 59-3479701 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name LISA D. SURMACZ
Street Address (P.O. Box Number is Not Acceptable) TRAVEL TRENDS
156 W. S. R. 434
City WINTER SPRINGS FL Zip Code 32708

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 _____ (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.

January 15 Fee is \$150.00
After May 15 Fee is \$350.00
Amended UBR is \$61.25
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 President
NAME LISA D. SURMACZ
STREET ADDRESS 1407 SECRETARIAT PL
CITY-ST-ZIP CHILWOTA, FL 32766

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Stockholder
NAME MATTHEW B. SKILLINGTON
STREET ADDRESS 701 N. BELFAST PL
CITY-ST-ZIP CHILWOTA, FL 32766

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with full power empowered.

SIGNATURE: [Signature] LISA D. SURMACZ President 3/14/02 407 288-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)