

DOCUMENT # P98000021457

1. Entity Name
DUSTY TRAILS TRAVEL, INC.

Principal Place of Business

Mailing Address

2560 MORENO AVE
FORT MYERS FL 33901

PO BOX 2668
FORT MYERS FL 33902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0817046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARBONELL, TERRY L
3270 FLOWER ST., STE. 7
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name TERRY L CARBONELL

Street Address (P.O. Box Number is Not Acceptable)

2560 MORENO AVE

City FORT MYERS

FL

Zip Code 33901

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 Terry L Carbonell

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

(NOTE: Registered Agent signature required when reinstating)

1/3/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME CARBONELL, TERRY L
STREET ADDRESS PO BOX 2668 N/A
CITY-ST-ZIP FORT MYERS FL 33902 ☐ Delete

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

TITLE T
NAME CARBONELL, MARIO
STREET ADDRESS PO BOX 2668 N/A
CITY-ST-ZIP FORT MYERS FL 33902 ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Terry L Carbonell, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01
Date

941-939-3833
Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90011 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)