

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90076 040 \*\*\*150.00

**DOCUMENT # P98000036073**

**1. Entity Name**  
**TRAVEL CONNECTION OF SW FLORIDA, INC.**



**Principal Place of Business**  
**182 ST. JAMES WAY**  
**NAPLES FL 34104**

**Mailing Address**  
**182 ST. JAMES WAY**  
**NAPLES FL 34104**

**2. Principal Place of Business**

**3705 Muir Woods Way**

**3. Mailing Address**

**3705 Muir Woods Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**NAPLES FL**

**City & State**  
**NAPLES FL**

**4. FEI Number** **59-3510123**

**Applied For**  
**Not Applicable**

**Zip** **34116**

**Country** **USA**

**Zip** **34116**

**Country** **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**

**CORMA, AMY J.**

**182 ST JAMES WAY**  
**NAPLES FL 34104**

**3705 Muir Woods Way**  
**NAPLES FL 34116**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **CORMA, AMY J**  
**STREET ADDRESS** **182 ST. JAMES WAY**  
**CITY-ST-ZIP** **NAPLES FL**

**TITLE** ☒ Change ☐ Addition  
**NAME** **3705 Muir Woods Way**  
**STREET ADDRESS** **NAPLES, FL 34116**  
**CITY-ST-ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **NELSON, AMY C**  
**STREET ADDRESS** **165 ST JAMES WAY**  
**CITY-ST-ZIP** **NAPLES FL 34104**

**TITLE** ☒ Change ☐ Addition  
**NAME** **7482 LOURDES COURT**  
**STREET ADDRESS** **NAPLES FL 34104**  
**CITY-ST-ZIP**

**TITLE** **ST** ☐ Delete  
**NAME** **O'QUINN, KATHLEEN C**  
**STREET ADDRESS** **161 ST JAMES WAY**  
**CITY-ST-ZIP** **NAPLES FL 34104**

**TITLE** ☒ Change ☐ Addition  
**NAME** **3705 Muir Woods Way**  
**STREET ADDRESS** **NAPLES, FL 34116**  
**CITY-ST-ZIP**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-03**

**239 353 6411**

Date Daytime Phone #

CR2E034 (10/02)