

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 007 ***150.00

DOCUMENT # P98000044132

1. Entity Name

TRAVEL DELIVERY SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

80062094

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8270 BUCKSAW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8270 BUCKSAW DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817-2493

Country

USA

City & State

ORLANDO, FL

Zip

32817-2493

Country

4. FEI Number

59-3525181

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WILLIAM R. HERRMAN

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

445 DOUGLAS AVENUE SUITE 1705

City

ALTAMONTE SPRINGS, FL

Zip Code

32714

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTV</u> <u>NICHOLAS B. WILLIAMS</u> <u>8270 BUCKSAW DRIVE</u> <u>ORLANDO, FL 32817-2493</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicholas B. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2002 (407) 679-3271
Date Daytime Phone #

CR2E034B (12/01)