2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800053023 Mar 29, 2000 8:00 am **Secretary of State** CREATIVE TRAVEL CONCEPTS, INC. 03-29-2000 90058 046 ***150.00 Mailing Address Principal Place of Business 2068 COUNTRY CLUB DRIVE 2068 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124-6852 DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address 13037 Muneum Panicila YANK DA 13037 MULGENNY DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. # 533 #533 Applied For City & State City & State 4. FEI Number 59-35 16865 00m20 Not Applicable OVENDO Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 22821 USA Fee Required 32821 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRMANN SIMAL M. DAVIS, ANNE T Street Address (P.O. Box Number is Not Acceptable) 201 CESSNA BLVD #4 DAYTONA BEACH FL 32124 GOS EAST CENTRAL BLUD. Zip Code 32801 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 Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSD** TITLE X Change ☐ Delete TITLE · A ranged, romanest FLOURNOY, JEFFREY A NAME 13037 MUDERNY PARICH. NAME 2068 COUNTRY CLUB DRIVE STREET ADDRESS STREET ADDRESS On Day 50, FL. 32821 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32124 VTD Delete TITLE VURLICH, DIC. ULRICH, D K 12037 MULGEANT PANICA, #513 NAME NAME STREET ADDRESS 2068 COUNTRY CLUB DRIVE STREET ADDRESS Oncambo, Fr. 22821 CITY-ST-ZIP DAYTONA BEACH FL 32124 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: