

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053023

1. Entity Name
CREATIVE TRAVEL CONCEPTS, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90058 022 ***150.00

Principal Place of Business

13037 MULBERRY PARK DR
STE 533
ORLANDO FL 32821
US

Mailing Address

13037 MULBERRY PARK DR
STE 533
ORLANDO FL 32821
US

2. Principal Place of Business

943 GROVEMERE LOOP
Suite, Apt. #, etc.

3. Mailing Address

943 GROVEMERE LOOP
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3516865

Applied For

Not Applicable

Zip

32761

Country

ORANGE

Zip

32761

Country

ORANGE

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

HERRMANN, JANIS M
608 E CENTRAL BLVD
ORLANDO FL 32801

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.

SIGNATURE

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

JEFFREY A. FLOURNOY / PRESIDENT / 03/16/2001

(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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD FLOURNOY, JEFFREY A 13037 MULBERRY PARK DR #533 ORLANDO FL 32821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ULRICH, D K 13037 MULBERRY PARK DR #533 ORLANDO FL 32821	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. FLOURNOY

3/16/2001 407-827-7292

Date

Daytime Phone #

CR2E034 (10/00)