

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058507**

1. Entity Name

AKAMAI TRAVEL, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90381 008 ***150.00

Principal Place of Business

Mailing Address

2670 N. UNIVERSITY DR.
#207
SUNRISE FL 33322P.O. BOX 290193
DAVIE FL 33329
US

510043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0848920

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

FILLINGAME, LAURIE A
3637 HIGH PINE DR
CORAL SPRINGS FL

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.

(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 State10. 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 **D** ☐ Delete
NAME **FILLINGAME, LAURIE A**
STREET ADDRESS **3637 HIGH PINE DR**
CITY-ST-ZIP **CORAL SPRINGS FL**TITLE **President** ☒ Change ☐ Addition
NAME **Fillingame, Laurie A**
STREET ADDRESS **1415 N.W. 81st Terr.**
CITY-ST-ZIP **Plantation FL 33329**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie A. Fillingame

Date

Daytime Phone #

1-15-01 954-572-3123

CR2E034 (10/00)