

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064405

1. Entity Name
TREVAÑA TRAVEL, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90051 036 ***150.00

Principal Place of Business
**2715-A TAMiami TRAIL
PORT CHARLOTTE FL 33952-5101
US**

Mailing Address
**145 PUESTA DEL SOL
OSPREY FL 34229**

2. Principal Place of Business

3. Mailing Address
P. O. BOX 2519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

4. FEI Number **65-0853831**

Applied For
Not Applicable

Zip

Country

Zip

Country

34230-2519

US

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

**KING, CLIFFORD M
1800 SECOND ST, STE 855
SARASOTA FL 34236**

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P KITSON, TREVOR J 145 PUESTA DEL SOL OSPREY FL 34229-8988	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	7308 PALOMINO TRAIL SARASOTA, FL 34241
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **TREVOR J KITSON**

4-1-25-01 (941) 926-7732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)