

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90157 013 ***150.00

DOCUMENT # P 98000066123

1. Entity Name Cruise Control Travel, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3874 Tampa Rd

3. Mailing Address

P.O. Box 8368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Clearwater, FL

Zip

34677

Country

Zip

34677

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3571558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey Skerman

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

3874 Tampa Rd

City

Oldsmar

FL

Zip Code

34677

**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

[Signature]

4/2/02

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 Donna Carillo
STREET ADDRESS P.O. Box 8368
CITY-ST-ZIP Clearwater, FL 33758

TITLE
NAME Toad Berger
STREET ADDRESS P.O. Box 20768
CITY-ST-ZIP St. Petersburg, FL 33742

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CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date 4/19/02

Daytime Phone #

CR2E034B (12/01)