## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # \$980000870/2

## **FILED** Jul 02, 2002 8:00 am Secretary of State

07-02-2002 90812 005 \*\*\*150.00

CBR OF N	W FLORIDA, I	NC,		
DO NOT WE	RITE IN THIS SP	B0126747		
2. Principal Place of Business 100 Gulf Greeze Suite, Apt. #, etc.	2 Pkwy 3. Mailing Address 11 00 64f ( Suite, Apt. #, etc.	Breeze Pkwy	DO NOT WRITE IN T	HIS SPACE
1001.		eeze FC 4. FEI Number 59-3543710 Applied For Not Applicable		
Zip 32561 Country USA	<sup>Zip</sup> 32561	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered				
DO NOT WRITE  IN THIS SPACE			nes, Candace B.  (P.O. Box Number is Not Acceptable Pkwy	
		City GULF	Greeze 1	FL Zip Code (
8. The above named entity submits this state	ement for the purpose of changing its r	egistered office or register	red agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of regis	ered agent and title if applicable. (NOTE:	Registered Agent signature required	d when reinstating) D	ATE
This corporation is eligible to satisfy its later Tax filing requirement and elects to do so (See criteria on back)	After May 1 Amended Make Check Payabl	ay 1 Fee is \$150.00 i, Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing     Trust Fund Contribution.  te	\$5.00 May Be Added to Fees
11. OFFICE	RS AND DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
TITLE S/T  NAME SEXTON, BRENDA B  STREET ADDRESS CITY-SI-ZIP  PENSACOLA BEACH PL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE P	?	TITLE		Ì

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

City-St-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

32563

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME

1468 SUMMERTWEET CT.

GULF BREEZE

Cardace Vines

DO-NOT-WRITE

IN THIS SPACE

4/18/02 850-932-9276



Gulf Breeze Travel
"Serving your travel needs since 1979"

1100 Gulf Breeze Parkway • Gulf Breeze, Florida 32561 • Phone (850) 932-9276 • Fax (850) 934-1089

To Division of Corporations

Re. Uniform Business Report 59-3543710

this note is in reference to our UBR Form. Each year I send this in in plenty of time - but this year, I didn't receive My Form to file. I only realized this while recently reorganizing My files and noted that I didn't have copies for 2002 for this report. I called and they said they didn't have it, they would send me a new form, If you have it, they would send me a new form, If you have any quertions please call.

- thats -

From Cardace Vines