

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088247

1. Entity Name

ALL DESTINATIONS CRUISE & TRAVEL, INC.



FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90069 040 ***150.00

000793 AV

Principal Place of Business
1907 SW 170TH ST
NEWBERRY FL 32669

Mailing Address
4300 N. W. 23RD AVE
186
GAINESVILLE FL 32606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3538161

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

LEBLANC, CAROL E
1097 S.W. 170 ST
NEWBERRY FL 32669

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol E. LeBlanc

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, DONNA 4300 NW 23RD AVE STE 186 GAINESVILLE FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBLANC, CAROL 1907 S.W. 170 ST NEWBERRY FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol E. LeBlanc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/2003 352-219-9077

CR2E034 (4/03)

ALL DESTINATIONS CRUISE & TRAVEL INC.

4300 NW 23rd Avenue Suite 186

Gainesville, Fl. 32606

Attachment

80134421
798000088297

July 23, 2003

Florida Dept. of State
Division of Corporations
Uniform Business Report

To Whom This May Concern:

I just returned from vacation and received this form in the mail. This is the first notice that I have received and will be sending the payment by return mail. I have deleted the late fee as advised in this notice since this is my first notification. However, I will put this May 1st date on my calendar for next year.

Thanking you in advance.

Sincerely,

Carol LeBlanc
Carol LeBlanc

Phone 352 472-3600 Cell 352 219-9077

Fax 352 472-4036 1-800-771-5051

E-Mail - Letscruzecl@aol.com