

FILED  
May 15, 2003 8:00 am  
Secretary of State

05-15-2003 90110 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P98000099318</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                        |
| 1. Entity Name<br><b>BERTHA TRAVEL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             |                                                                                                                                         |
| Principal Place of Business<br>1980 N. ATLANTIC AVE., STE. 112<br>COCO BEACH, FL 32931 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             | Mailing Address<br>1980 N. ATLANTIC AVE., STE. 112<br>COCO BEACH, FL 32931 US                                                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             | 3. Mailing Address                                                                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             | Suite, Apt. #, etc.                                                                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             | City & State                                                                                                                            |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                     | Zip Country                                                                                                                             |
| 4. FEI Number<br><b>59-3547847</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             | Applied For<br>Not Applicable                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                             | <b>\$8.75</b> Additional Fee Required                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>LOCKWOOD, BARBARA<br/>1980 N. ATLANTIC AVE., STE. 112<br/>COCO BEACH, FL 32931</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u>B. Lockwood</u> DATE <u>May 11/03</u><br><small>Signature, typed or printed name of designated agent and title if applicable. (NOTE: Registered Agent signature required when applicable.)</small>                                                                                                                                                                                                  |                                                                                                                             |                                                                                                                                         |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             | <b>\$5.00</b> May Be Added to Fees                                                                                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>LOCKWOOD, BARBARA<br/>1980 N. ATLANTIC AVE., STE. 112<br/>COCO BEACH, FL 32931</b> <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>LOCKWOOD, ALLAN<br/>1980 N. ATLANTIC AVE., STE. 112<br/>COCO BEACH, FL 32931</b> <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| 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 807, 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: <u>B. Lockwood</u> DATE <u>May 11/03</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                                                                                                         |

CR2E034 (1/01/02)