

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103575

1. Entity Name

SERVICE TRAVEL ON MAIN, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90062 016 ***150.00

Principal Place of Business

Mailing Address

1227 9TH AVENUE WEST
BRADENTON FL 34205

1227 9TH AVENUE WEST
BRADENTON FL 34205-7301

2. Principal Place of Business

3. Mailing Address

417 12th ST. West

417 12th St West

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton Florida

City & State

Bradenton Florida

4. FEI Number

65-0887027

Applied For

Not Applicable

Zip

34205

Country

USA

Zip

34205

Country

USA

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

WALKER, ADRON H
3119 MANATEE AVENUE WEST
BRADENTON FL 34205

Name

Christine E. Mosomillo

Street Address (P.O. Box Number is)

417 12th St. West

City

Bradenton

FL

Zip Code

34205

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 Christine E. Mosomillo Christine E. Mosomillo, President 1-13-00
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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		PRESIDENT Christine E. Mosomillo 1227 Shelburne Lane Sarasota FL 34231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Secretary Michael M. CARTER 1227 9th Avenue W Bradenton FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Christine E. Mosomillo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00
Date

941-744-9440
Daytime Phone #

CR2E034 (9/99)