

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90158 041 \*\*\*150.00

**DOCUMENT # P99000000077**

1. Entity Name

**TRAVEL PERFECT, INC.**

Principal Place of Business

**10957 ATLANTIC BLVD  
STE C  
JACKSONVILLE FL 32246-25**

Mailing Address

**10957 ATLANTIC BLVD  
STE C  
JACKSONVILLE FL 32246**

2. Principal Place of Business

**10957 ATLANTIC BLVD**

Suite, Apt. #, etc.

**C**

3. Mailing Address

**10957 ATLANTIC BLVD.**

Suite, Apt. #, etc.

**C**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

Zip

**32226**

Country

**DUVAL**

Zip

**32225**

Country

**DUVAL**

6. Name and Address of Current Registered Agent

**DECASTRO, ROWENNA B  
1902 WILLEDON DR., EAST  
JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2001 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DECASTRO, ROWENNA B</b>	
STREET ADDRESS	<b>1902 WILLEDON DR., EAST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLORES, REBECCA</b>	
STREET ADDRESS	<b>1896 WILLEDON DR., EAST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FLORES, FEDERICO C</b>	
STREET ADDRESS	<b>1896 WILLEDON DR., EAST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORMON, NOEL R.</b>	
STREET ADDRESS	<b>2052 WATERFOOT LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE	<b>SIT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECASTRO, ROWENNA B.</b>	
STREET ADDRESS	<b>1902 WILLEDON DR. EAST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32246</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Noel R. Tormon** **NOEL R. TORMON**

**4/29/01**

Date

**904-642-2006**

Daytime Phone #

0457063

CR2E034 (10/00)