## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## P99000026836 DOCUMENT #

1. Entity Name

FAMILY TRAVEL CONNECTION INC.



## **FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90105 016 \*\*\*150.00

| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME  | FAMILY TRAVEL CONNECTION, INC. |   |                       |  |              |                          |                                       |   |              |              |                    |
|---|--------------------------------|---|-----------------------|--|--------------|--------------------------|---------------------------------------|---|--------------|--------------|--------------------|
| Sulfe, Apl. #, etc.   Graph   State   Graph   State   Graph   State   Graph   State   Graph     | 3022 KEY H                     | ARBOR DRIVE   | 3022 KEY HARBOR DRIVE |  |              |                          |                                       |   |              |              |                    |
| Sulfe, Apl. #, etc.   Graph   State   Graph   State   Graph   State   Graph   State   Graph     |                                |   |                       |  |              |                          |                                       |   |              |              |                    |
| Coy & State  Coy & State  Country  Coun  | 2. Principal F                 | Place of Business   | 3. Mailing Address    |  |              |                          |                                       |   |              |              | JB 18818 B114 1888 |
| Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional recognitional fee Required Agent Name  CASTILHO, ELIZABETH Size Address of Current Registered Agent Name  CASTILHO, ELIZABETH Size Address of Current Registered Agent Name  Street Address (R.O. Box Number is Nox Acceptable)  Street Address (R.O. Box Number is Nox Acceptable)  City FL Zip Code  Cit  | Suite, Apt.                    | #, etc.   | Suite, Apt. #, etc.   |  |              |                          |                                       | CHECK HERE IF I                         | MAKING C     | HANGES       |                    |
| Zip   Country   Zip   Country   S. Certificate of Satus Desired   \$8.75 Additional Fee Required   Fee Require   | City & Stat                    | e   | City & State          |  |              |                          | 1 3953564769                          |   |              |              |                    |
| CASTILHO, EUZABETH 3022 KEY HARBOR RIVE SAFETY HARBOR FL 34695  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!! FEE IS \$150.00  Make Check Prophable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE SIRET ANDRESS SOZY KEY HARBOR RIVE SAFETY HARBOR RIVE SAFETY HARBOR RIVE SIRET ANDRESS SOZY KEY HARBOR RIVE SIRET ANDRESS SOZY STATE  MAKE SIRET ANDRESS SOZY STATE MAKE MAKE SIRET ANDRESS SOZY STATE MAKE SIZE ANDRESS SOZY STATE MAKE SOZY STA | Zip                            | Country   | Zip                   |  | Countr       | у                        | 5. (                                  | Certificate of Status Desired           |              | 8.75 Add     | ditional           |
| CASTLHO, ELIZABETH 3022 KEY HARBOR DRIVE SAFETY HARBOR FL 34695  City  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  C  |                                | 6. Name and Address of Current I                                  | Registere             | ed Agent                                 | -            |                          | . 7. 1                                | Name and Address of New Regi            |              |              | .a                 |
| 3022 KEY HARBOR DRIVE SAFETY HARBOR PL 34695  1. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the place of registered agent, or both, in the State of Florida. I am familiar with, and accept the place of registered agent, or both, in the State of Florida. I am familiar with, and accept the place of registered agent, or both, in the State of Florida. I am familiar with, and accept the place of registered agent, or both, in the State of Florida. I am familiar with, and accept the place of registered agent, or both, in the State of Florida.    FILE NOW!! Floridary alphabet the pl  |                                |   | A 1=                  |  | 1            | Name                     | ,                                     |   |              | <del></del>  |                    |
| City   FL   Zip Code  |                                | · ·   | Street Add            |  |              | Street Address (F        | s (P.O. Box Number is Not Acceptable) |   |              |              |                    |
| 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 collegations of registered agent.  SIGNATURE    SUPPLIAND   Supplication   Supplication  | SAFETY                         | HARBOR FL 34695   |                       |  | ľ            | <del>.</del>             |                                       |   |              |              |                    |
| the obligations of registered agent.    Signature   File Now!!!   FEE Is \$150.00   |                                |   |                       | ¥  | -            | City                     |                                       |   | FL           | Zip Cod      | e                  |
| FILE NOW!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME SIMERI ADDRESS OCTY-ST-2P  TITLE  OCASTILHO, CARLOS J 3022 KEY HARBOR DRIVE SAFETY HARBOR FL 34695  TITLE  OCASTILHO, ELIZABETH NAME SIREFA DORESS OCTY-ST-2P  TITLE  OCASTILHO, ELIZABETH NAME SIREFA DORESS OCTY-ST-2P  TITLE  OCASTILHO, ELIZABETH NAME SIREFA DORESS OCTY-ST-2P  TITLE | 8. The above the obligat       | named entity submits this statement for ions of registered agent. | the purp              | ose of changing its re                   | egistered    | d office or registere    | ed ag                                 | ent, or both, in the State of Florida   | ı. I am fan  | nillar with, | and accept         |
| FILE NOW!! FEE IS \$150.00  kifter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.   | SIGNATURE .                    | Pingohua hand a pistal assault                                    |                       | (NOTE I                                  | 2            |                          |                                       |   |              |              |                    |
| ### May 1, 2003 Fee will be \$\$50.00 May Be Make Check Payable to Florida Department of State  10.   |                                |   | nd the it app         | nicable. (NOTE: )                        | Hegistered / | Agent signature required | when re                               | einstating)                             | DAIL         |              |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OCASTILHO, CARLOS J SAFETY HARBOR DRIVE STREET ADDRESS SCITY-ST-ZIP  TITLE OCASTILHO, ELIZABETH STREET ADDRESS SCITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITL  | Æfte                           | May 1, 2003 Fee will be \$550.00                                  | State                 |  |              |                          |                                       |   | ~ —          |              |                    |
| NAME STREET ADDRESS CITY-ST-ZIP  CASTILHO, CARLOS J SAFETY HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 10.                            | OFFICERS AND [  | DIRECTO               | RS_                                      | 11.          |                          | AD                                    | I<br>DDITIONS/CHANGES TO OFFICE         | RS AND D     | IRECTOR!     | 3 IN 11            |
| STREET ADDRESS CITY-ST-ZIP TITLE D. CASTILHO, ELIZABETH STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                |   |                       | ☐ Delete                                 |              |                          |                                       |   |              | ] Change     | Addition           |
| CITY-ST-ZIP  SAFETY HARBOR FL 34695  CITY-ST-ZIP  TITLE NAME 3022 KEY HARBOR DRIVE SAFETY HARBOR FL 34695  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                | CASTILMU, CARLUS J<br>3022 KEY HARROR DRIVE                       |                       |  |              | ANNRESS                  |                                       |   |              |              | İ                  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | CITY-ST-ZIP                    |   |                       |  |              |                          |                                       | •                                       |              |              | }                  |
| STREET ADDRESS CITY-ST-ZIP  SAFETY HARBOR DRIVE SAFETY HARBOR FL 34695  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE                          | D   |                       | ☐ Delete                                 | TITLE        |                          |                                       |   |              |              | Addition           |
| CITY-ST-ZIP  SAFETY HARBOR FL 34695  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  | NAME                           |   |                       |  |              |                          |                                       |   |              |              | }                  |
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| CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NAME                           |   |                       | Delete                                   | 1            |                          |                                       |   | L            | 1 Change     | Audition           |
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| CITY-ST-ZIP CITY-ST-ZIP   | NAME                           |   |                       | <br>i                                    |              |                          |                                       |   | _            |              |                    |
|   | STREET ADDRESS                 |   |                       |  |              |                          | •                                     |   |              |              |                    |
|   |                                | ertify that the information supplied with t                       | hie filing            | does not qualify for th                  |              |                          | ntion 1                               | 110.07/3V() Florida Crass 4 - 1/ -      | L 47         | 41-4 "       | <i>t</i>           |

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:** 

Date