

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031145

1. Entity Name
PROTRAVEL SOLUTIONS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 016 ***550.00

Principal Place of Business

1546 13TH AVENUE NORTH
NAPLES FL 34104

Mailing Address

1546 13TH AVENUE NORTH
NAPLES FL 34104

00084635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2701 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Address

2701 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

SUITE 100

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

4. FEI Number

58-2474456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELDS, ALAN B
770 PARKSHORE DRIVE
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

JONI L. WARD

Street Address (P.O. Box Number is Not Acceptable)

2701 W. OAKLAND PARK BLVD

SUITE 100

City

FT LAUDERDALE

FL

Zip Code

33311

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

Joni L. Ward

Joni L. Ward

Sept 5, 00

(Signature typed or printed name of registered agent and title 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D /President** ☐ Delete
NAME **O'DELL, BEN**
STREET ADDRESS **1546 13TH AVENUE NORTH 64 FOUNTAIN CIR**
CITY-ST-ZIP **NAPLES FL 34104 NAPLES, FL 34119**

TITLE **SECRETARY /Director** ☐ Delete
NAME **JONI WARD**
STREET ADDRESS **2701 W. OAKLAND PARK BLVD**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33311**

TITLE **A. L. Harris/Director** ☐ Delete
NAME **A. L. Harris**
STREET ADDRESS **2701 W. Oakland Park Blvd., Ste 100**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE **Jerry L. Frump/Director** ☐ Delete
NAME **Jerry L. Frump**
STREET ADDRESS **2801 W. Oakland Park Blvd., Ste 100**
CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Joni L. Ward

(Signature typed or printed name of signing officer or director)

JONI L. WARD

Sept 5, 00

Date

954/453-3400

Daytime Phone #

CR2E034 (5/00)