

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90158 014 ***150.00

DOCUMENT # P99000034060

1. Entity Name
CONVENIENT TRAVEL SERVICES, INC.

Principal Place of Business Mailing Address
860 CASPIAN CT. 860 CASPIAN CT.
DELTONA FL 32738 DELTONA FL 32738-6760

80004937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4655 Volusia Avenue P.O. Box 1312

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B

City & State City & State
Orange City, FL Deland, FL

Zip Country Zip Country
32763 USA 32721-1312 USA

4. FEI Number Applied For
59-3573807 Not Applicable

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

COX, SPURLIN
860 CASPIAN CT.
DELTONA FL 32738

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D COX, SPURLIN 860 CASPIAN CT. DELTONA FL 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D MCVEIGH, TERRI L 1729 OAK ST. DELAND FL 32724	<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: *Terri L. McVeigh*, VP *1-11-00* *904-774-0365*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)