2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State
09-18-2001 90010 030 ***158.75

979321

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000035909 (NA)

1. Entity Name
TRAVEL LINK SERVICES, INC.

Principal Place of Business	Mailing Address
1511 N. WESTSHORE BLVD. SUITE 250 TAMPA, FL 33607	1511 N. WESTSHORE BLVD SUITE 250 TAMPA, FL 33607

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3573196 ☐ Applied For ☐ 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
JOHN N. GIORDANO 220 S. FRANKLIN ST. TAMPA, FL 33602	Name Glenn Goldberg, ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 S. Ashley Drive Suite 2200 City Tampa **FL** Zip Code 33602

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] 9/12/01
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GEORGE CARAPELLA 3818 S. NINE DR. VALRICO, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR GEORGE CARAPELLA 3818 S. NINE DR VALRICO, FL ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SALLY LIPSTEIN 13014 N. DALE MABRY SUITE 237 TAMPA, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO BRIAN M. LEE 27130 SEA BREEZE WAY WESLEY CHAPEL, FL ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: [signature] 9/12/01 813 839-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
979321
#P99000035902

September 12, 2001

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32305-1500

Re: Annual Report Filing
For Travel Link Services, Inc.

Dear Sir:

This letter shall serve as verification that Travel Link Services, Inc. was late in filing its annual report to the state due to the form being delivered to an incorrect address.

Please find attached the appropriate filing along with the appropriate filing fee. Thank you for your consideration in processing these forms on behalf of the Corporation.

Respectfully,
Travel Link Services, Inc.

George Carapella
President