

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90010 030 ***158.75

DOCUMENT # **P490000035909**

1. Entity Name

TRAVEL LINK SERVICES, INC.

Principal Place of Business

**1511 N. WESTSHORE BLVD.
 SUITE 250
 TAMPA, FL 33607**

Mailing Address

**1511 N. WESTSHORE BLVD.
 SUITE 250
 TAMPA, FL 33607**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**JOHN N. GIORDANO
 220 S. FRANKLIN ST.
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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, 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
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE CARAPPELLA 3818 S. NINE DR. VALRICO, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SALLY LIPSTEIN 13014 N. DALE MARRY SUITE 237 TAMPA, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR GEORGE CARAPPELLA 3818 S. NINE DR. VALRICO, FL	☒ Change ☐ Addition
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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

Date

813 839-1677

Daytime Phone #

CR2E034 (11/00)

Attachment

979321

#P99000635909

September 12, 2001

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

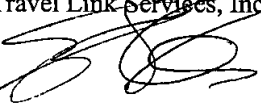
Re: Annual Report Filing
For Travel Link Services, Inc.

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