FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

Discount Travel club corporation

FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 91151 004 ***150.00

DO NOT WRIT	E IN THIS S	PACE			
2. Principal Place of Business 1083 N. Collier Blvd Suite, Apt. 4, etc.	3. Mailing Address 1083 か、Colliner 131v& Suite, Apt. #, etc. 対 150		DO NOT WRITE IN THIS SPACE		
City & State Marco Island, FL	City & State Marco Isla	and FL	4. FEI Number 59-357 4289	Applied For Not Applicable	
Zip Country 34145 USA	Zip 34145	Country U SA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
DO NOT V IN THIS S		Street Addre	7. Name and Address of Current Registere TECF Popick ass (P.O. Box Number is Not Acceptable) N. Collier Blud # TO ISland FI	Zip Code	

SIC	SIGNATURE Signature typed or printed name of registered agent and	title if applicable. (NOTE: Registered Agent signature requ	quired when rein	nstating) DA1	ΙE	
	This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of \$	*	10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May B Added to Fees
11	. OFFICERS AND D	RECTORS				

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.

11.	
TITLE PSTD NAME JEFF PopicK STREET ADDRESS 999 SPIJCE AVE CITY-SI-ZIP MARCO ISLAND FL 34145	TITLE NAME STREET ADDRESS CITY-S1-ZIP
NAME DENDIE POPICK STREET ADDRESS CITY-ST-ZIP Marco Island FL 34145	ITILE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS: CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	IN THIS SPACE STREET ADDRESS- CITY- S1- IIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

^{13.} Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

941-394-4000