## 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 1990000 42686 Jul 06, 2001 8:00 am **Secretary of State** TRAVEL LAND, INC. 07-06-2001 90200 010 \*\*\*150.00 Principal Place of Business Mailing Address 800 SOUTH NOVA PLD. SAME WITE C DEMOND STREET, FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. El Number 59 ~ 3575633 Applied For City & State City & State Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HELD O. GROWN SOO SOUTH NOVA RD. Street Address (P.O. Box Number is Not Acceptable) SUNTE C ORMOND SEACH, FE 32174 Zip Code FL 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 DATE ealtanionine a aiskii sool 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of St 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/D Addition ☐ Delete TITLE ☐ Change AREN OI BROWN SOO SOUTH NOVA (DS. NAME MINE. STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP MIE ☐ Change ☐ Addition TITLE MANA NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-78P ☐ Defete TITLE Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition me ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILE ☐ Chance Addition MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP (33Y-\$1-79 ☐ Change ■ Addition IIILE ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7# 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 suppliemental 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: X X elen Q. Brown

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN O. Blown, Puttings

(386) 673-9121

TRAVEL LAND, INC. 800 South Nova Road, Suite C Ormond Beach, Florida 32174 (386) 673-9121 ext. 113

June 27, 2001

Secretary of State Corporations Division P. Q. Box 6327 Tallahassee, Florida 32314

Per instructions from your offices I am submitting the enclosed Uniform Business Report and filing fee of \$150.00 together with this letter of explanation. The form submitted was obtained from your internet site as the original preprinted form was never delivered.

According to your records, the office of the corporation is listed at 800 South Nova Road, Suite C, Ormond Beach, Florida. We have made an exhaustive search and have not located the preprinted form and presume it was either delivered to the wrong suite and or returned the forms to your offices as insufficient address. From my discussions with your offices, I am given to understand that the late filing penalty will be waived based upon the forms having been returned by the post office.

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Than you for your assistance and co-operation in this mater.

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Sincerely yours,

Helen O. Brown

Helen O. Brown