FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P99000045189

FILED
02 JUN 13 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
00-02

1. Entity Name

Florida Travel Group Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Home →	427 South Buckskin Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, Fl	City & State
Zip: 32708 Country: USA	Zip Country

4. FEI Number: 59-3576667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Chris Fraley

Street Address (P.O. Box Number is Not Acceptable): 427 South Buckskin Way

City: Winter Springs FL Zip Code: 32708

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: Chris Fraley 4-30-02
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) ☐

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

11. OFFICERS AND DIRECTORS

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	President - Chris Fraley 427 S. Buckskin Way Winter Springs Fl 32708
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	Secretary - Karen Fraley 427 S. ~~Brooks~~ Buckskin Way Winter Springs Fl 32708
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
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TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	500005371665--9 -06/25/02--01038--026 ****450.00 ****150.00
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	**DO NOT WRITE**
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	**IN THIS SPACE**
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	351.25 - AR 10.00 - ARARTS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	88.75 - ARSup

CR2E034B (12-01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Fraley 4-30-02 407-696-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BB