## FOR PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am Secretary of State

Daytime Phone #

UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT# P99000045894  1. Entity Name  Brandon Travel, Inc.				04-14-2003 90943 050 ***150.00	
	DIAPOUL II HOY	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business Pola Wty 231 Round Polar W47					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State	Beach Florida	City & State	Florida	4. FEI Number 650 92 0292	Applied For Not Applicable
Zip - 3348	Country	<del>                                     </del>	PA 1 Deal	5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>		1 3 1	<del></del>	7. Name and Address of Current Regist	<del></del>
Name Walter C Johes IV					
DO NOT WRITE IN THIS SPACE					15701
	IN THIS SE	ACL	C		7.00-4
*			City PA	m Beuch Gardens	FL 33410
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. I am familiar with, and accept the obligations of registered agent.					
					ļ
	Signature, typed or printed name of registered agent :	and little if applicable. (NOTE: F	Registered Agent signature requi	ed when reinstaling) DA	de :
	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be
	Payable to Florida Department of			Trade Tarka Contemporary	7,0000107003
10.	OFFICERS AND	DIRECTORS	TITLE	<u> </u>	
NAME	Micold DV+rgon	LUIAN	NAME		(12/(
STREET ADDRESS CITY-S1-ZIP	DAMBOOK F		STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/02)
TITLE.	17 M Duck	103(HX 23) 10 O	TITLE		ZE0
HAME			NAME		<b>8</b>
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TITLE	•	
NAME.			STREET ADDRESS		
STREET ADDRESS CITY- ST- ZIP			CITY-ST-ZIP	DO NOT WE	RITE
TITLE	· · · · · · · · · · · · · · · · · · ·		TITLE	IN THIS SPA	ACE
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	,	
TITLE			TITLE	•	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			· CITY-ST-ZIP		
TOTLE			TITLE		
NAME			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-SI-ZIP		
12.   hereby c	ertify that the information supplied with	this filing does not qualify for t	he exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated of the con	on this report or supplemental report is poration or the receiver or trustee emp	true and accurate and that my lowered to execute this report	r signature shall have the as required by Chapter	Section 119.07(3)(i), Florida Statutes. I further a same legal effect as if made under oath; th 607, Florida Statutes; and that my name app	actiam an officer of director pears in Block 10 or on an