

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046687

1. Entity Name

INTEGRA TRAVEL SERVICES, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90903 005 ***158.75

Principal Place of Business

Mailing Address

~~2 WHITE DOVE LANE~~
PALM COAST FL 32107

~~P.O. BOX 354286~~
PALM COAST FL 32105-4286

2. Principal Place of Business

3. Mailing Address

1 Hargrove Trade
Suite, Apt. #, etc.
Suite 1M

1 Hargrove Trade
Suite, Apt. #, etc.
Suite 1M

City & State
Palm Coast, FL

City & State
Palm Coast, FL

Zip
32137

Country
USA

Zip
32137

Country
USA

4. FEI Number

59-3579411

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LETNER, SUSAN~~
~~2 WHITE DOVE LANE~~
~~PALM COAST FL 32107~~
Susan Trethner
1 Hargrove Trade
Suite 1M
Palm Coast, FL 32137

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Susan Trethner

Signature, typed or printed name of registered agent and title if applicable.

Susan Trethner

(NOTE: Registered Agent signature required when reinstating)

4-28-2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Susan Trethner | |
| STREET ADDRESS | 1 Hargrove Trade, Suite 1M | |
| CITY-ST-ZIP | Palm Coast, FL 32137 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Susan Trethner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000
Date

904-447-8516
Daytime Phone #

CR2E034 (9/99)