

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90146 024 ***150.00

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DOCUMENT # P99000056118

1. Entity Name

RED CARPET TRAVEL SERVICES, INC.



Principal Place of Business

900 E ATLANTIC AVE

7

DELRAY BEACH FL 33483

Mailing Address

80 SALINA AVE., #2

DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

635 WEST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH

Zip

Country

Zip

Country

33445

U.S.

4. FEI Number

65-0929573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRETZ, AIMEE

80 SALINA AVE., #2

DELRAY BEACH FL 33483

Name

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

635 WEST DRIVE

City

DELRAY BEACH

FL

Zip Code

33445

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KRETZ, AIMEE**
STREET ADDRESS **80 SALINA AVE., #2**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **P** ☒ Change ☐ Addition
NAME **635 WEST DRIVE**
STREET ADDRESS **DELRAY BEACH, FL 33445**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KRETZ, GARY R**
STREET ADDRESS **80 SALINA AVE., #2**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **S** ☒ Change ☐ Addition
NAME **635 WEST DRIVE**
STREET ADDRESS **DELRAY BEACH FL, 33445**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-265-1728

CR2E034 (10/02)