CAPITAL CONNECTION 850 222 1222 04/13 '00 15:55 NO.288 02/02

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071167

1. Entity Name
WEB TRAVEL, INC.

FILED
00 APR 19 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
481 N. STATE RD. 434 SUITE 111 ALTAMONTE SPRINGS FL 32714	2235 GATOR DR #424 ORLANDO, FL 32807

2. Principal Place of Business		3. Mailing Address	
481 N. STATE RD. 434		2235 GATOR DR	
Suite, Apt. #, etc.: SUITE 111		Suite, Apt. #, etc.: APT 424	
City & State: ALTAMONTE SPRINGS, FL		City & State: ORLANDO, FL	
Zip: 32714	Country: USA	Zip: 32807	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593593402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NICOLE P. RANDALL
3039 CECILIA CIR.
APOPKA FL 32703

7. Name and Address of New Registered Agent
Name: SANDRA K. JAMES
Street Address (P.O. Box Number is Not Acceptable): 2235 GATOR DR
APT 424
City: ORLANDO **FL** Zip Code: 32807

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: Sandra K James PRESIDENT/SECRETARY/TREASURER 4/17/00
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) ☐

FILE NOW!! FEE IS $150.00 [illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY NICOLE P. RANDALL 3039 CECILIA CIR. APOPKA FL 32703	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY/TREASURER SANDRA K JAMES 2235 GATOR DR. #424 ORLANDO FL 32807	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003219303--3 -04/24/00--01038--023 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS	☐ Change ☐ Addition

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: Sandra K James 4/17/00 (407)786-5273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #