## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000075624 May 30, 2000 8:00 am Secretary of State 55PLUSTRAVEL MEDIA, INC. 05-30-2000 90082 004 \*\*\*150.00 Mailing Address Principal Place of Business 18A TURTLE CREEK DRIVE **18A TURTLE CREEK DRIVE TEQUESTA FL 33469-1527** TEQUESTA FL 33469 3. Mailing Address 2. Principal Place of Business DN Turrecra. 18A Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State EIN 65-Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -7.~Name and Address of New Registered Agent -Name and Address of Current Registered Agent Name **DUDENHOEFER, JOSEPH** Street Address (P.O. Box Number is Not Acceptable) **18A TURTLE CREEK DRIVE TEQUESTA FL 33469** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE DUDENHOEFER, JOSEPH NAME NAME STREET ADDRESS **18A TURTLE CREEK DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-746-0044