

FILED
Apr 11, 2003 8:00 am
Secretary of State

MM6222 ΔV



MEGATRAV RESEARCH AND DEVELOPMENT, INC.

Mailing Address
1888 DERBSHIRE ROAD
MAITLAND FL 32751

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip_

Country

| |
|----------------|
| Applied For |
| Not Applicable |

☐ CHECK HERE IF MAKING CHANGES**7. Name and Address of New Registered Agent**

Name _____

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

After May 1, 2003 Fee will be \$550.00

\$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State

| | |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | DATE | TIME | LOCATION | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date _____

Daytime Phone #

CR2E034 (10/02)