

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

0118594 AT

DOCUMENT # P99000092089

1. Entity Name
MARKER #103 TRAVELER, INC.

09-14-2001 90026 002 ***550.00

Principal Place of Business Mailing Address
6742 FOREST HILL BLVD STE 105 **6742 FOREST HILL BLVD STE 105**
WEST PALM BEACH FL 33413 **WEST PALM BEACH FL 33413**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **11-3365986** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREBINAR, STEVEN
6742 FOREST HILL BLVD STE 105
WEST PALM BEACH FL 33413

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 _____ (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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREBINAR, STEVEN | NAME | |
| STREET ADDRESS | 15845 ROLLING MEADOW CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| STREET ADDRESS | | STREET ADDRESS | |
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| 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.

SIGNATURE: **SIGNATURE REQUIRED** Date **9/10/01** Daytime Phone # **561-333 8009**

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment
Doc# C00M049

DOCUMENT # P99000092089

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MARKER #103 TRAVELER, INC.

| | |
|--|--|
| Principal Place of Business 6742 FOREST HILL BLVD STE 105 WEST PALM BEACH FL 33413 | Mailing Address 6742 FOREST HILL BLVD STE 105 WEST PALM BEACH FL 33413 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 11-3365986 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GREBINAR, STEVEN 15845 ROLLING MEADOW CIRCLE WELLINGTON FL 33414 <input type="checkbox"/> Delete |
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SIGNATURE: _____

49/10/01 581-333 8081