

2000 UNIFORM BUSINESS REPORT (UBR)

01-16-2001 90076 050 ***558.75

03-23-2001 90027 027 ***341.25

FILED P99000099775

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -5 PM 3:58

DOCUMENT # P99000099775
1. Entity Name
HAVE BROOM WILL TRAVEL, INC.

Principal Place of Business 2808 N. TAMPA STREET TAMPA FL 33602	Mailing Address 2808 N. TAMPA STREET TAMPA FL 33602-1400
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2873982	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

REINSTATEMENT 00-01


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**RICHARDS, LINDA
2808 N. TAMPA STREET
TAMPA FL 33602**

7. Name and Address of New Registered Agent
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: *Linda Richards*
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. **FILE NOW!!! FEE IS \$150.00. After MAY 1, 2000 Fee will be \$550.00. 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 NAME STREET ADDRESS CITY-ST-ZIP	PSID RICHARDS, LINDA 2808 N. TAMPA STREET TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.
SIGNATURE: *Linda Richards* **12/29/00 83-301-0055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

11/18/01
3/26