

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

0450879 AV

DOCUMENT # **P99000099775**

1. Entity Name
HAVE BROOM WILL TRAVEL, INC.



04-02-2003 90352 001 *****8.75
04-02-2003 90352 002 ***150.00

Principal Place of Business
**2808 N. TAMPA STREET
TAMPA FL 33602**

Mailing Address
**2808 N. TAMPA STREET
TAMPA FL 33602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1102 N. Willow Ave

Suite, Apt. #, etc.
1102 N. Willow Ave

CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3614043**

Applied For
Not Applicable

Zip
33607

Country
U.S.

Zip
33607

Country
U.S.

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

**RICHARDS, LINDA
2808 N. TAMPA STREET
TAMPA FL 33602**

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

1102 N. Willow Ave

City **Tampa** FL Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
RICHARDS, LINDA
2808 N. TAMPA STREET
TAMPA FL 33602** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1102 N. Willow Ave
Tampa, FL 33607** 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 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

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: **Linda Richards**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 (813) 201-0056
Date Daytime Phone #

20/01) FDU/FCU