

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90077 013 ***150.00

DOCUMENT # P99000100864

1. Entity Name

TRAVEL RESOURCES, INC.

Principal Place of Business

Mailing Address

--- **SUNSET AVE.**
--- **BEACH FL 33480**

318 SEASPRAY AVE.
PALM BEACH FL 33480-4231

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

223 Sunset Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

City & State

Palm Beach

4. FEI Number

65-0966755

Applied For

Not Applicable

Zip

Country

Zip

Country

33480

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

Name

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

223 Sunset Ave

#120

City

FL

Zip Code

SHAW, LESLIE
318 SEASPRAY AVE.
PALM BEACH FL 33480

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)

DATE

3/3/00

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 \$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

D/P ☐ Delete
SHAW, LESLIE
318 SEASPRAY AVE.
PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
223

V/T/D ☐ Delete
Karen Fuster

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
V/T/D
Tucker/Karen
44 coconut Row
Palm Beach FL
33480

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
V/S/D
Joyce Fath
8362 Kels0 Drive
Palm Beach Gardens FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 **561-656080**
Date Daytime Phone #

CR2E034 (9/99)