## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P99000107759** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name TRAVELJOBZ (US), INC. 04-22-2000 90108 032 \*\*\*150.00 Mailing Address Principal Place of Business 1605 MAIN ST., STE, 1001 1605 MAIN ST., STE, 1001 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0968948 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDSMITH, STANLEY A Street Address (P.O. Box Number is Not Acceptable) 1605 MAIN ST., STE. 1001 SARASOTA FL 34236 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing regulrement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE ☐ Change ☐ Addition Delete TITLE ELLIS, NIGEL NAME NAME STREET ADDRESS STREET ADDRESS 20 OXFORD MENS HOVE CITY-ST-ZIP CITY-ST-ZIP E. SUSSEX,UK BN33NF XX Addition XX Change TITLE DPST Delete TITLE MILES, MICHAEL NAME MILES, MICHAEL NAME 700 Longview Dr., (Button Harbor) STREET ADDRESS STREET ADDRESS 700 LONGVIEW DR. (BUTTON HARBOR) CITY-ST-ZIP Longboat Key, FL CITY-ST-ZIP LONGKEY FL 34228 ☐ Change Addition TITLE Delete BENNETT, JANE NAME NAME STREET ADDRESS FLAT\_1.16 THE UPPER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUSSEX,UK BN36GN XX<sub>Delete</sub> ☐ Change Addition TITLE TITLE NAME BUTLER, JAY NAME STREET ADDRESS STREET ADDRESS 75 CHESTER TERR., HOVE BRIGHTON CITY-ST-ZIP CITY-ST-ZIP E.SUSSEX,UK BN16GB ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 of 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.