2000 UNIFORM BUSINESS REPORT (UBR)

. Entity Nam	MENT # S02638 TO RIDE TRAVEL AGENCY	Y, INC.				Mar 02, 20 Secretary 03-02-2000 901	y of St	ate	
Principal Place of Business BAYOU BOULEVARD 31-B		Mailing Address 4400 BAYOU BOULEVARD SUITE 31-B PENSACOLA FL 32503-2691 US					olon sidir bidir didi	1 3 100: 13 3 1	
. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Num	ber 59-3027723		plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certifica	te of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				Name	7. Name ar	d Address of New Register	red Agent		
MICK, LINDA 4305 CREIGHTON ROAD PENSACOLA FL 32504				Street Addres	s (P.O. Box Num	ber is Not Acceptable)			
SIGNATURE _	named entity submits this statement in the statement of t	nt and title if applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstating)	oth, in the State of Florida. DA Election Campaign Financing		0 May Be	
(See criter	equirement and elects to do so.	After MAY 1, 20 Make Check Paya	ble to De) itate	rust Fund Contribution.	☐ Added	I to Fees	
ITLE IAME STREET ADDRESS STY-ST-ZIP	OFFICERS AND DP MICK, LINDA 4305 CREIGHTON ROAD PENSACOLA FL 32504	D DIRECTORS		į.	ADDITION	S/CHANGES TO OFFICERS	☐ Change	Addition	
ITLE IAME ITREET ADDRESS ITTY-ST-ZIP		☐ Delete					☐ Change	Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP		☐ Delete				- 	☐ Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		-	☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete					☐ Change	Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	

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. 850

FILED