

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90288 041 ***150.00

DOCUMENT # **S13276**

1. Entity Name
FIRST CLASS TRAVEL OF TAMPA, INC.



Principal Place of Business
~~2202 WEST WATERS AVENUE~~
~~SUITE 7~~
~~TAMPA FL 33604~~

Mailing Address
~~2202 WEST WATERS AVENUE~~
~~SUITE 7~~
~~TAMPA FL 33604~~



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1309 ALCOMA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1309 ALCOMA DRIVE
Suite, Apt. #, etc.

City & State
BRANDON, FL
Zip
33510 Country
USA

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BRANDON, FL
Zip
33510 Country
USA

4. FEI Number **59-3050348**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

I W PHILLIPS JR
~~2202 W. WATERS AVE.~~
~~SUITE 7~~
~~TAMPA FL 33604~~

7. Name and Address of New Registered Agent

Name **I. W. PHILLIPS, JR**
Street Address (P.O. Box Number is Not Acceptable)
1309 ALCOMA DRIVE
City **BRANDON, FL 33510** Zip Code **33510**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-14-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, FLO C. 2202 WEST WATERS AVE. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, I W JR 2202 W WATERS AVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, FLO C. 1309 ALCOMA DRIVE BRANDON, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, I W, JR. 1309 ALCOMA DRIVE BRANDON, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2-14-03** **813/933-9835**
Daytime Phone #

CR2E034 (10/02)