

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # S16530

1. Entity Name
AFFORDABLE TRAVEL, INC.

Principal Place of Business
3945 PALM BEACH BLVD.
FT. MYERS FL 33916

Mailing Address
3945 PALM BEACH BLVD.
FT. MYERS FL 33916

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2503 DEL PRADO
Suite, Apt. #, etc.
SUITE #510
City & State
CAPE CORAL FL
Zip Country
33904 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0236519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ONZO DAWN
4925 YORK STREET
APT. #202
CAPE CORAL FL 33904 US

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 04/28/2000
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 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

TITLE	ST	MCINTYRE WILLIAM L	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		6457 GUERNSEY AVENUE	
CITY-ST-ZIP		MALIBU CA 90265	
TITLE	P	BRADY FREDERICK S	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		28301 CROOKED OAK LANE	
CITY-ST-ZIP		ESCONDIDO CA 92026	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: Frederick S. Brady

Pro: 04/28/2000