

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 016 ***150.00

DOCUMENT #

S 21995

1. Entity Name

TREASURE TRAVELS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3506 MARSALA COURT

Suite, Apt. #, etc.

3. Mailing Address

3506 MARSALA COURT

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

65 - 023 6243

Applied For

Not Applicable

Zip

33950

Country

Zip

33950

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NEMAZIE, A.S.

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

3506 MARSALA COURT

City

PUNTA GORDA

FL

Zip Code
33950

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 registering)

DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P/T/S NEMAZIE, A.S. 3506 MARSALA CT. PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: A. STEPHEN NEMAZIE, PRESIDENT

03/21/03 305 778 1220