

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58488

1. Entity Name

TRAVEL SYSTEMS INTERNATIONAL, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90185 030 \*\*\*150.00

Principal Place of Business

Mailing Address

21 9TH ST S  
 ST. PETERSBURG FL 33705  
 US

21 9TH ST S  
 ST. PETERSBURG FL 33705-1604  
 US

2. Principal Place of Business

14493 62nd Street N.

3. Mailing Address

14493 62nd Street N.

Suite, Apt. #, etc.

Building 3

Suite, Apt. #, etc.

Building 3

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33760

Country

US

Zip

33760

Country

US

4. FEI Number

59-3070802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOMON WIGGINS, FRANCINE  
 3174 SHORELINE DR  
 CLEARWATER FL 33760

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

*Francine S. Wiggins*

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WIGGINS, FRANCINE S	
STREET ADDRESS	3174 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WIGGINS, KENNETH B.	
STREET ADDRESS	3174 SHORELINE DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

*Kenneth B. Wiggins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 727/536-5858  
 Date Daytime Phone #

CR2E034 (9/99)