2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 05-23-2002 90141 028 ***150.00 TRAVEL SYSTEMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1910 SOMERSET PLACE 1910 SOMERSET PLACE **CLEARWATER FL 33760 CLEARWATER FL 33760** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3070802 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENNETH B. WIGGIN **SOLOMON WIGGINS, FRANCINE** Address (P.O. Box Number is Not Acceptable) 3174 SHORELINE DR 10 Sammer SET **CLEARWATER FL 33760** GARWAT 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 ANNOTE B. WIGGINS nature, typed or printed name of register and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME WIGGINS, FRANCINE S NAME STREET ADDRESS 3174 SHORELINE DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME WIGGINS, KENNETH B. STREET ADDRESS 3174 SHORELINE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach

ROB DIRECTOR

FILED