

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90141 013 \*\*\*150.00

**DOCUMENT # S58958**

1. Entity Name  
**TRAVEL TRAX, INC.**



Principal Place of Business  
**1610 NE 4TH PLACE  
FT. LAUDERDALE FL 33301  
US**

Mailing Address  
**1610 NE 4TH PLACE  
FT. LAUDERDALE FL 33301  
US**



2. Principal Place of Business  
**3100 NE 48th ST  
Suite, Apt. #, etc.  
# 301**

3. Mailing Address  
**3100 NE 48th ST  
Suite, Apt. #, etc.  
# 301**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**FT LAUDERDALE FL**  
Zip  
**33308** Country  
**USA**

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**FT LAUDERDALE FL**  
Zip  
**33308** Country  
**USA**

4. FEI Number **65-0261639** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PETERSON, ANGELIQUE  
1610 NE 4TH PLACE  
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
Name **PETERSON, ANGELIQUE**  
Street Address (P.O. Box Number is Not Acceptable) **3100 NE 48th ST, #301**  
City **FT LAUDERDALE** FL Zip Code **33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	PD PETERSON, ANGELIQUE 1610 NE 4TH PLACE 3100 NE 48th ST, #301 FORT LAUDERDALE FL 33301 FT LAUD FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ANGELIQUE PETERSON** 4/18/03 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)