

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70357

1. Entity Name

WORLD TRAVEL & TELEMARKETING, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90092 005 ***158.75

Principal Place of Business

925 S. SEMORAN BLVD.
SUITE 108
WINTER PARK FL 32792

Mailing Address

925 S. SEMORAN BLVD.
SUITE 108
WINTER PARK FL 32792-5313

B0006396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 Aloma Ave

3. Mailing Address

3367 Lakeview Oaks Dr.

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Longwood, FL 32779

4. FEI Number

59-3092595

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32779

Country

USA

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

CLARK, JEFFREY R
3367 LAKEVIEW OAKS DR
LONGWOOD FL 32779

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARK, JAMES R.
1421 SHADWELL CIRCLE
HEATHROW FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARK, JEFFREY R.
3367 LAKEVIEW OAKS DR
LONGWOOD FL 32779

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)