

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78506

1. Entity Name

TRAVELEASY INTERNATIONAL, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90061 013 ***150.00

Principal Place of Business

2501 NW 27TH LANE
POMPANO BEACH FL 33064
US

Mailing Address

2501 NW 17TH LANE
POMPANO BEACH FL 33064-1515
US

2. Principal Place of Business

2637 E ATLANTIC BLVD

3. Mailing Address

2637 E ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

4. FEI Number

65-0281388

Applied For

Not Applicable

Zip

33062

Country

FL

Zip

33062

Country

FL

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

LEATHLEY, MICHAEL

2428 NE 26 ST.

LIGHTHOUSE POINT FL 33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEATHLEY, MICHAEL
STREET ADDRESS 2501 NW 17 LANE
CITY-ST-ZIP POMPANO BEACH FL ☐ Delete

TITLE P
NAME LEATHLEY MICHAEL
STREET ADDRESS 2637 E ATLANTIC BLVD
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition

TITLE VSD
NAME LEATHLEY, SANDRA M
STREET ADDRESS 2428 NE 26TH ST
CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Delete

TITLE VSD
NAME SANDRA M LEATHLEY
STREET ADDRESS 2380 OLIVANDER WAY
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 like empowered.

SIGNATURE:

Sandra M Leathley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000 9547816611

Date

Daytime Phone #

CR2E034 (9/99)