

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10068

1. Entity Name

WORLD TRAVEL, INC.

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

05-08-2000 90065 028 ***150.00

Principal Place of Business

543 NORTH PINELLAS AVENUE
 TARPON SPRINGS FL 34689

Mailing Address

543 NORTH PINELLAS AVENUE
 TARPON SPRINGS FL 34689-3341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3104423

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

MICHAELOPOULOS, MARIA
 512 WAYFARER DRIVE
 TARPON SPRINGS FL 34689

Name MICHALOPOULOS, MARIA

Street Address (P.O. Box Number is Not Acceptable)
 2281 TURNBULL LANE

City PALM HARBOR FL Zip Code 34683

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]*
 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 PD ☐ Delete
 NAME MICHAELOPOULOS, MARIA
 STREET ADDRESS 512 WAYFARER DRIVE
 CITY-ST-ZIP TARPON SPRINGS FL

TITLE PD ☒ Change ☐ Addition
 NAME MICHALOPOULOS, MARIA
 STREET ADDRESS 2281 TURNBULL LANE
 CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE STD ☒ Delete
 NAME MAKROULAKIS, HELEN
 STREET ADDRESS 1126 LODESTAR DRIVE
 CITY-ST-ZIP HOLIDAY FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
 Date

Daytime Phone #

CR2E034 (9/99)