2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
05-02-2001 90042 025 ***150.00

DOCUMENT # V12648

1. Entity Name
SOUTEL CRUISE & TRAVEL, INC.

Principal Place of Business	Mailing Address
	5353 SOUTEL DR. STE A JAX, FL. 32209

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SOUTEL DRIVE	5353 SOUTEL DR.
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: JAX, FL.
City & State: JAX, FL	City & State:
Zip: 32209 Country: USA	Zip: 32209 Country: USA

4. FEI Number: 59-3112979 ☐ 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 (item 7)
SOUTEL CRUISE & TRAVEL, INC. GLORIA P. BROWN 5353 SOUTEL DR. STE A JAX, FL 32209	Name: Glen L. Brown Street Address (P.O. Box Number is Not Acceptable): 5353 Soutel Dr. Ste A City: Jax, Fl. FL Zip Code: 32209

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: Glen L. Brown 7/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required 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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GLORIA P. BROWN 5353 SOUTEL STE "A" JAX, FL. 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT Robert L. BROWN, SR. 5353 SOUTEL DR. STE "A" JAX, FL 32209	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Glen L. Brown GLORIA P. BROWN 4/19/01 (904) 764-5520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #