


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90143 033 ***150.00

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DOCUMENT # V42982	
1. Entity Name BAY PINES TRAVEL, INC.	

Principal Place of Business 9653 BAY PINES BLVD ST PETERSBURG FL 33708	Mailing Address 9653 BAY PINES BLVD ST PETERSBURG FL 33708
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3127688		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ELGIN, DEBORAH T 6639 EMERSON AVE SOUTH ST PETERSBURG FL 33707		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. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, BARBARA L		NAME		
STREET ADDRESS	9501 VONN RD		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, FRANK S JR		NAME		
STREET ADDRESS	9501 VONN RD		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELGIN, DEBORAH T		NAME		
STREET ADDRESS	6639 EMERSON AVE S		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33707		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, MICHAEL J		NAME		
STREET ADDRESS	30413 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, ANTHONY S		NAME		
STREET ADDRESS	378 PIERCE ST		STREET ADDRESS		
CITY-ST-ZIP	GILBERTS IL 60136		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, CHERYL A		NAME		
STREET ADDRESS	30413 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		CITY-ST-ZIP		

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: DEBORAH T ELGIN **7-28-03 727-393-4077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)