DOCUMENT # V49079  1. Entity Name  FIRST CHOICE TRAVEL SERVICES, INC.				Mar 29, 2001 8:00 am Secretary of State 03-29-2001 90030 050 ***150.00		
•	ce of Business NATIONAL DRIVE	Mailing Address 7001 GRAND NATIONAL	Mailing Address Of GRAND NATIONAL DRIVE			
#100 ORLANDO FL 32819 US		#100 ORLANDO FL 32819 US			C0038944	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-3136038 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	ə	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324			Street Addre		P.O. Box Number is Not Acceptable)	
r Dai	VIATION FE 33324		City		FL Zip Code	
Tax filing r	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	TE: Registered Agent sig VIII FEE IS \$15 0001 Fee will be able to Departm	0.00 \$550.00	10. Election Campaign Financing \$5.00 May Be	
TITLE NAME STREET ADDRESS	PSTD DICKSON, ELIZABETH 7001 GRAND NATIONAL DRIVE.,	Delete	12. TITLE NAME STREET ADDRES	PST SEN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ACTION ACTION ACTION ACTION ACTION ACTION  ACTION ACT	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32810  D PROSSER, RICHARD FIRST CHOICE HOUSE, LONDOI CRAWLEY WEST SUSSEX EN RI		City-St-ZiP Title NAME STREET ADDRES City-St-ZiP	HAD-	PRESIDENT IS Change XAddition TIN MILNEL I GRAND NATIONAL DRIVE STE 100 PRIANDO & 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	Hyw	EL THOMAS - DURECTOR X Change Friddition T CHOICE HOUSE ON ROAD. CRAWLEY WEST SUSSEX THE LAND. CRAWLEY CAST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s	☐ Change ☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition  tion 119.07(3)(i), Florida Statutes.   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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2001 UNIFORM BUSINESS REPORT (UBR)**