

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 AUG -5 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58181

1. Entity Name
A ACCENT ON TRAVEL OFFICE INC.



Principal Place of Business
279 DOUGLAS AVE
STE 1101
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
279 DOUGLAS AVE
STE 1101
ALTAMONTE SPRINGS FL 32714
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

421 Ranger Blvd.

Suite, Apt. #, etc.

3. Mailing Address

421 Ranger Blvd.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number

59-3138167

Applied For

Not Applicable

Zip

32792

Country

US

Zip

32792

Country

US

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

FINEMAN, MARSHA
421 RANGER BLVD.
WINTER PARK FL 32792

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

Marsha Fineman
Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FINEMAN, MARSHA
STREET ADDRESS 421 RANGER BLVD.
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Marsha Fineman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-774-1101

CR2F034 (1/1/02)

FAO ACCOUNTING SERVICES, INC.

**From the Desk of
Flora A. Odum**

7157 Green Needle Drive Winter Park, FL 32792
(407) 677-7939 FAX (407) 677-0008

July 30, 2004

RE: A Accent on Travel Offices, Inc

To Whom It May Concern:

The following Check made payable to the Secretary of State dated 1/30/04 check number 4979 in the amount of \$150.00 has not is still outstanding and has no cleared the checking account. A stop payment has been placed and the check reissued.

Should you have any questions, please feel free to give me a call.

Sincerely,

A handwritten signature in black ink, appearing to be 'Flora Odum', with a long horizontal line extending to the right.

Flora Odum,
Accountant

- Copy to file -