

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90473 036 ***150.00

DOCUMENT # P01000000801

1. Entity Name
A TIMESHARE BROKER, INC.

Principal Place of Business: **2918 PAINE LANE ORLANDO FL 32826-3336**
 Mailing Address: **2918 PAINE LANE ORLANDO FL 32826-3336**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-3689412** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent: **STANLEY, DOROTHY R 2918 PAINE LANE ORLANDO FL 32826-3336**

7. Name and Address of New Registered Agent: **Dorothy STANLEY 2918 PAINE LANE ORLANDO FL 32826**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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: CEO	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Dorothy Stanley		NAME:	
STREET ADDRESS: 2918 PAINE LANE		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO FL 32826		CITY-ST-ZIP:	
TITLE: VCEO	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Same above		NAME:	
STREET ADDRESS: Same above		STREET ADDRESS:	
CITY-ST-ZIP: Same above		CITY-ST-ZIP:	
TITLE: S	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: Same above		NAME:	
STREET ADDRESS: Same above		STREET ADDRESS:	
CITY-ST-ZIP: Same above		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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 empowerments.

SIGNATURE: Dorothy Stanley Date: 1/3/01 Daytime Phone #: 407-273-0559

CR2E034 (9/01)