

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90493 036 \*\*\*150.00

**DOCUMENT # P02000090354**

1. Entity Name  
**VACATION NATION, INC.**



Principal Place of Business  
**860 CASPIAN COURT  
DELTONA FL 32738**

Mailing Address  
**860 CASPIAN COURT  
DELTONA FL 32738**



2. Principal Place of Business  
**19 Legion PLACE**

3. Mailing Address  
**860 CASPIAN COURT**

Suite, Apt. #, etc.  
**DEPARY**

Suite, Apt. #, etc.  
**DELTONA**

City & State  
**FLORIDA**

City & State  
**FLORIDA**

4. FEI Number  
**82 0562954**

Applied For  
Not Applicable

Zip  
**32713**

Country  
**VOLUSIA**

Zip  
**32738**

Country  
**VOLUSIA**

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

**6. Name and Address of Current Registered Agent**

**COX, SPURLIN  
860 CASPIAN COURT  
DELTONA FL 32738**

**7. Name and Address of New Registered Agent**

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 *[Signature]* DATE **1-9-03**

**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<br><b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Delete | NAME<br><b>TOM LINDEN</b>               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2550 LAKE DEBRA DR</b>                               | CITY-ST-ZIP<br><b>ORLANDO, FL 32835</b> | NAME  |   |
| TITLE   | <input type="checkbox"/> Delete         | STREET ADDRESS  |   |
| NAME  |   | CITY-ST-ZIP   |   |
| STREET ADDRESS  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP   |   | NAME  |   |
| TITLE   | <input type="checkbox"/> Delete         | STREET ADDRESS  |   |
| NAME  |   | CITY-ST-ZIP   |   |
| STREET ADDRESS  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP   |   | NAME  |   |
| TITLE   | <input type="checkbox"/> Delete         | STREET ADDRESS  |   |
| NAME  |   | CITY-ST-ZIP   |   |
| STREET ADDRESS  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP   |   | NAME  |   |
| TITLE   | <input type="checkbox"/> Delete         | STREET ADDRESS  |   |
| NAME  |   | CITY-ST-ZIP   |   |
| STREET ADDRESS  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP   |   | NAME  |   |

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: *[Signature]* DATE **1-9-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0062003 AV

CR2E034 (10/02)