

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012758

FILED
Apr 29, 2009
Secretary of State

Entity Name: UNIVERSAL VACATIONS CAPE CORAL, INC.

Current Principal Place of Business:

4905 CHIQUITA BLVD. SOUTH
SUITE 102
CAPE CORAL, FL 339148907

New Principal Place of Business:

Current Mailing Address:

4905 CHIQUITA BLVD. SOUTH
SUITE 102
CAPE CORAL, FL 339148907

New Mailing Address:

FEI Number: 01-0766455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSAN HOLLY, CPA, PA
13725 COLLINA COURT
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HAMBLETON, DALLAS
Address: 4905 CHIQUITA BLVD. SOUTH, SUITE 102
City-St-Zip: CAPE CORAL, FL 339148907

Title: VP () Delete
Name: HARE, STEVE
Address: 4905 CHIQUITA BLVD. SOUTH, SUITE 102
City-St-Zip: CAPE CORAL, FL 339148907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN HOLLY

CPA

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date