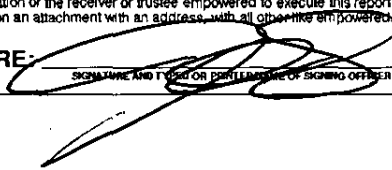


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 013 ***150.00

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

10077888

DOCUMENT # G01986			
1. Entity Name HAWAIIAN VILLAGE INN OF FLORIDA, INC.			
Principal Place of Business 4559 W. 192 KISSIMMEE, FL 34746 US		Mailing Address 1988 SIRLANCLOT CIRCLE ST. CLOUD, FL 34772 US	
2. Principal Place of Business		3. Mailing Address 4559 W. Hwy 192	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kissimmee, FL	
Zip		Zip 34746	
Country		Country OSCEOLA	
4. FEI Number 59-2847228		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUCIK, JOHN 2147 WHITFIELD LN ORLANDO, FL 32835		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when substituting) DATE			
FILE NOW!!! FEE IS \$160.00 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SD KUCIK, CELIA 1988 SIR LANCELOT CIRCLE ST. CLOUD, FL ☒ Delete		☐ Change ☐ Addition	
DPTS KUCIK, JOHN 1988 SIR LANCELOT CIRCLE ST. CLOUD, FL ☐ Delete		☐ Change ☐ Addition	
DT KUCIK, JAMES 1988 SIR LANCE LOT CIRCLE ST. CLOUD, FL ☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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 507, 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 names empowered.			
SIGNATURE: 		Date: 4/12/03 Office Phone #: 407-396-2212	

CR2034 (10/02)