

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90249 032 ***158.75

DOCUMENT # H15022

1. Entity Name

PARK SHORE VACATION SERVICES, INC.

Principal Place of Business

Mailing Address

319 DEVIL'S BIGHT
 NAPLES FL 34103
 US

319 DEVIL'S BIGHT
 NAPLES FL 34119-3310
 US

2. Principal Place of Business

3. Mailing Address

2284 Heritage Greens Drive

2284 Heritage Greens Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL 34119

4. FEI Number

59-2443442

Applied For

Not Applicable

Zip
34119

Country
USA

Zip
34119

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAMON, RALPH A.
319 DEVIL'S BIGHT
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

2284 Heritage Greens Drive

City

Naples,

FL

Zip Code

34119

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 **Ralph A. Leamon**

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

(NOTE: Registered Agent signature required when reinstating)

January 14, 2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
 NAME **PTD LEAMON, RALPH A.**
 STREET ADDRESS **319 DEVIL'S BIGHT**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **2284 Heritage Greens Drive**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE Delete
 NAME **VPS LEAMON, NANCY**
 STREET ADDRESS **319 DEVIL'S BIGHT**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **2284 Heritage Greens Drive**
 CITY-ST-ZIP **Naples, FL. 34119**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 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 empowered.

SIGNATURE:

Ralph A. Leamon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

941-596-8660

Daytime Phone #

FILED