

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

DOCUMENT # M01000002416

1. Entity Name

Resort Network Services LLC

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90166 002 ***550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

484 S.W. Borland Road

3. Mailing Address

484 S.W. Borland Road

Suite, Apt. #, etc.

City & State
West Linn OR

Zip
97068

Country

City & State
West Linn OR

Zip
97068

Country

4. FEI Number
93-1320199

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

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

526 E. Park Ave.

City Tallahassee FL Zip 90601

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Pete Farrell
484 S.W. Borland Road
West Linn, OR 97068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
Clayton Oswald
484 S.W. Borland Road
West Linn OR 97068

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Clayton Oswald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/02

503-638-8480

Daytime Phone #