

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90016 007 \*\*\*150.00

0653660 AV

DOCUMENT # P00000025498

1. Entity Name

TIMESHARE MARKETING SERVICES, INC.

Principal Place of Business

P.O. BOX 422954

KISSIMMEE FL 34742-2954

Mailing Address

P.O. BOX 422954

KISSIMMEE FL 34742-2954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1880 King Edward Dr.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 422954

Suite, Apt. #, etc.

City &amp; State

Kissimmee FL

City &amp; State

Kissimmee FL

4. FEI Number

59-3631535

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, RICHARD

1880 KING EDWARD DR.

KISSIMMEE FL 34747

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.

SIGNATURE

Richard Parker

3-8-02

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARKER, DESIREE  
 1880 KING EDWARD DR.  
 KISSIMMEE FL 34744

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Add

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Add

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

Richard Parker

3-8-02

4073014377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #