

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016141 AV

**DOCUMENT #** P00000026746

**1. Entity Name**  
VACATION SHOWROOM, INC.

FILED  
02 NOV 14 PM 2:00

**Principal Place of Business**  
1863 TAFT VINELAND ROAD  
ORLANDO FL 32837

**Mailing Address**  
1863 TAFT VINELAND ROAD  
ORLANDO FL 32837

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
715 REID STREET  
Suite, Apt. #, etc.

**3. Mailing Address**  
715 REID STREET  
Suite, Apt. #, etc.

**City & State**  
PALATKA FLORIDA

**City & State**  
PALATKA FLORIDA

**Zip** 32177 **Country** USA

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REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

**6. Name and Address of Current Registered Agent**  
DELUCCI, FRANK  
1863 TAFT VINELAND ROAD  
ORLANDO FL 32837

**4. FEI Number** 59-3634092 **Applied For** ☐ **Not Applicable**

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

**7. Name and Address of New Registered Agent**  
Name: DEBORAH A. WALTERS  
Street Address (P.O. Box Number is Not Acceptable)  
715 REID STREET  
City: PALATKA FL Zip Code: 32177

**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: *Deborah A. Walters* DATE: 10/30/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PS DELUCCI, FRANK 1863 TAFT VINELAND ROAD ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, DEBORAH A. 715 REID STREET PALATKA FLORIDA 32177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Deborah A. Walters* DATE: 10/30/02 386-925-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)