FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91437 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044283

1. Entity Name
ORLANDO VACATION HOMES, INC.

Principal Place of Business	Mailing Address
2845 WOODRUFF DRIVE ORLANDO, FL 32837	2845 WOODRUFF DRIVE ORLANDO, FL 32837

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2091 Derby Glen Dr	2091 Derby Glen Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32837 Country: USA	Zip: 32837 Country: USA

4. FEI Number 59-3649590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALTANIRANO, FERNANDO
2845 WOODRUFF DRIVE
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: Altamirano, Fernando
Street Address (P.O. Box Number is Not Acceptable): 2091 Derby Glen Drive
City: Orlando FL Zip Code: 32837

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 X Faltamirano Fernando Altamirano 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
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	D ALTAMIRANO, FERNONDO 2845 WOODRUFF DR ORLANDO, FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Altamirano, Bonnie 2091 Derby Glen Drive Orlando FL 32837 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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 like empowered.

SIGNATURE: Bonnie Altamirano Bonnie Altamirano 4/30/03 321-231-6574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)