FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000044991 1. Entity Name FLORIDA LEISURE VACATIONS INC. 04-25-2001 90139 018 ***150.00 Principal Place of Business Mailing Address 8520 BLUE HORIZON COURT 8520 BLUE HORIZON COURT KISSIMMEE FL 34747 KISSIMMEE FL 34747 140104 2. Principal Place of Business 3. Mailing Address 4620 Cumbrian Lances Wise 4620 Cumbrian Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-365487 trissimmes Not Applicable Ti ssi mme e Zip Country Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required (<< 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSSALL, MARION WORRALL, MARION Street Address (P.O. Box Number is Not Acceptable) 8520 BLUE HORIZON COURT CUMBRIAN LATIOS DRIVE KISSIMMEE FL 34747 ているちょかのどご 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 ignature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10:-Election:Campaign Financing \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Delete TITLE TITLE WORRALL, NIGEL WORRALL, NIGEL NAME NAME HOSO CHUBBINN THEE DENE 8520 BLUE HORIZON COURT STREET ADDRESS STREET ADDRESS シィティト KISSIMMEE FL 34747 CITY-ST-ZIP CITY-ST-ZIP HUSSIMMEE TITLE Change ☐ Addition ☐ Delete TITLE WORRALL, MARION morrance, marron NAME NAME 4620 CUMBRIAN LATTES DRIVE 8520 BLUE HORIZON COURT STREET ADDRESS STREET ADDRESS ろんりんん CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34747 HUSSIMMET PL TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.