2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90321 026 ***150.00

553220

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000047573

1. Entity Name
VACATION BEACH, INC

Principal Place of Business | Mailing Address
SILVER SANDS MOTEL

2. Principal Place of Business	3. Mailing Address
225 N. Atlantic Ave	225 N. Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach FL	City & State: Cocoa Beach FL
Zip: 32931 Country:	Zip: 32931 Country: BREVARD

4. FEI Number 59-3645700 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
O'Brien, James M ESQ
1686 W. Hibiscus Blvd.
Melbourne, FL 32901

7. Name and Address of New Registered Agent
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 ______________________ DATE
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D ☐ Delete NAME: Henderson, Charles T. STREET ADDRESS: 16006 Pool Canyon Rd CITY-ST-ZIP: Austin, TX 78734	TITLE: P ☐ Change ☒ Addition NAME: DAVIS, LINDA L. STREET ADDRESS: 225 N. Atlantic Ave. CITY-ST-ZIP: Cocoa Beach, FL 32931
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE: S ☐ Change ☐ Addition NAME: DAVIS, MICHAEL C. STREET ADDRESS: 225 N. Atlantic Ave. CITY-ST-ZIP: Cocoa Beach FL 32931
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/00)

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: Linda L. Davis LINDA L. DAVIS 4/27/01 (321) 783-2415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #