

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91120 017 ***150.00

DOCUMENT

1. Entity Name
 TIMESHARES BY OWNER OF ORLAND, INC. P00000063316

(Old Address)

Principal Place of Business
 2569 Woodgate Blvd - Ste 5-201
 Orlando, FL 32822

Mailing Address
 Same

2. Principal Place of Business
 1456 Semoran Blvd

3. Mailing Address
 P.O. Box 720175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Casselberry, Florida

City & State
 Orlando, Florida

4. FEI Number
 59-3662166

Applied For
 Not Applicable

32707 Seminole

32872-0175 Orange

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

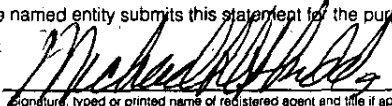
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

(Old Agent & Address)
 Jeffrey Frantz
 11900 Biscayne Blvd Ste 408
 North Miami, FL 33181

Name
 Michael D. Skidd
 Street Address (P.O. Box Number is Not Acceptable)
 1456 Semoran Blvd
 City
 Casselberry FL Zip Code
 32707

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  Michael D. Skidd 4-20-21
 (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 \$350.00
Make Check Payable to Department of State

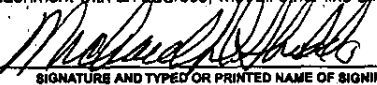
10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Michael D. Skidd 1456 Semoran Blvd Casselberry, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:  Michael D. Skidd, Pres. 4-20-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)