FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Jan 26, 2001 8:00 am DOCUMENT # P0000078298 **Secretary of State** 1. Entity Name COAST TO COAST RESORT RESALES, INC. 01-26-2001 90126 002 ***150.00 Principal Place of Business Mailing Address 1510 WESTWINDS BLVD. 1510 WESTWINDS BLVD. KISSIMMEE FL 34746 KISSIMMEE FL 34746 A0011849 2. Principal Place of Business 1880 Ling Edward dn. Suite, Apt. #, etc. 3. Mailing Address 1880 King Edward d. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3665971 City & State City & State Applied For FL SSMMER Not Applicable Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard PARKER, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 1510 WESTWINDS BLVD. KISSIMMEE FL 34746 Simmer 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. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition CR2E034 (10/00) TITLE □ Delete TITLE Richard Steven Parker 1880 King Edward ch. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Kijsimmes FL. 34744 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete □ Addition TITLE TITLE Change NAME ___ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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