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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079776

1. Entity Name

IDENTITY VACATIONS, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

02-03

2. Principal Place of Business 10041 PINES BLVD. D		3. Mailing Address 10041 PINES BLVD. D		4. FEI Number 65-1035489		Applied For Not Applicable	
Suite Apt # etc.		Suite Apt # etc.		6. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State PEMBROKE PINES FLORIDA		City & State PEMBROKE PINES FLORIDA		7. Name and Address of Current Registered Agent			
Zip 33024	Country USA	Zip 33024	Country USA	Name TODD L. MAY			
				Street Address (P.O. Box Number is Not Acceptable) 10041 PINES BLVD. D			
				City PEMBROKE PINES		FL	Zip Code 33024

DO NOT WRITE
IN THIS SPACE

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

TODD L. MAY

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$450.00
After May 1, Fee is \$500.00
Advanced UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAY, TODD L 10041 PINES BLVD. D PEMBROKE PINES, FLORIDA 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100024966501 11/24/03--01028--004 ***600.
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 007, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

TODD L. MAY

PRESIDENT

10/30/03

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IDENTITY VACATIONS, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

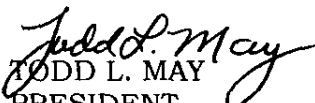
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2002 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


TODD L. MAY
PRESIDENT