

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90094 007 ***550.00

DOCUMENT # P00000103471

1. Entity Name
RESERVATIONSYSTEM.COM, INC.

Principal Place of Business
2202 MAGNOLIA DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address
2202 MAGNOLIA DRIVE
PANAMA CITY BEACH FL 32408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4508 Magnolia Beach Rd.
 Suite, Apt. #, etc.

3. Mailing Address
4508 Magnolia Beach Rd.
 Suite, Apt. #, etc.

City & State
Panama City Beach, FL

City & State
Panama City Beach, FL

4. FEI Number **59-3682044**

Applied For
 Not Applicable

Zip Country
32408 U.S.A.

Zip Country
32408 U.S.A.

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

FINLAW, ARTHUR P
2202 MAGNOLIA DRIVE
PANAMA CITY BEACH FL 32408

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE *Arthur Finlaw* **9-11-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D FINLAW, ARTHUR P 2202 MAGNOLIA DRIVE PANAMA CITY BEACH FL 32408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: *Arthur Finlaw* **9-11-02** **880-234-8887**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)