

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

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

05-16-2002 90052 037 ***150.00

DOCUMENT # P00000111449

1. Entity Name

VACATIONSPHERE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 WEST RD BRONSON HWY

Suite, Apt. #, etc.

UNIT 115/116

City & State

KISSIMMEE, FL

Zip

34746

Country

USA

3. Mailing Address

12179 S. APOPKA VINELAND RD

Suite, Apt. #, etc.

UNIT 147

City & State

ORLANDO, FL

Zip

32836

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3697331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NEAL WYNNE

Street Address (P.O. Box Number is Not Acceptable)

929 JASMINE ST

City

CELEBRATION

FL

Zip Code

34747

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

Signature, typed or printed name of registered agent and fee if applicable.

NEAL WYNNE

27 APRIL '02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended 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

D
SIMONE WYNNE
929 JASMINE ST
CELEBRATION, FL 34747

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IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMONE WYNNE

27 APR 02

Date

407 908 4596

Daytime Phone #

CR2E034B (12/01)