

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90724 025 ***150.00

0473063 AV

DOCUMENT # P00000118011

1. Entity Name

O.K. VACATION HOMES, RENTALS & SALES, INC.

Principal Place of Business

2225 MALLORY CIR.
HAINES CITY FL 33844

Mailing Address

2225 MALLORY CIR.
HAINES CITY FL 33844

2. Principal Place of Business

6143 BLAKEFORD DRIVE

3. Mailing Address

6143 BLAKEFORD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE . FL.

City & State

WINDERMERE . FL.

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

6. Name and Address of Current Registered Agent

WILSON, STEPHEN JOHN
2225 MALLORY CIR.
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

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

6143 BLAKEFORD DRIVE

City

WINDERMERE

FL

Zip Code

34786

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

S. J. Wilson

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

(NOTE: Registered Agent signature required when reinstating)

04.01.02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE ☐ Delete
NAME D
WILSON, STEPHEN JOHN
STREET ADDRESS 2225 MALLORY CIR.
CITY-ST-ZIP HAINES CITY FL 33844 AS ABOVE

TITLE ☐ Delete
NAME D
DALE, MIRANDA J
STREET ADDRESS 2225 MALLORY CIR.
CITY-ST-ZIP HAINES CITY FL 33844 AS ABOVE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ONLY CHANGE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME OF
STREET ADDRESS ADDRESS.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. J. Wilson S. J. WILSON

04.01.02

863-557 4238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)