

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

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90348 025 \*\*\*150.00

DOCUMENT # P01000003435

1. Entity Name

RESORT MARKETING PROFESSIONALS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2626 Gilson Court

Suite, Apt. #, etc.

3. Mailing Address

717 East Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL 32835

Zip 32835

Country USA

City & State  
Kissimmee, FL 34744

Zip 34744

Country USA

4. FEI Number 59-3689864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Harry J. Swart, CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code  
34744

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

Harry J. Swart

7/12/02

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, P,S,T  
Borish, Michael S.  
2626 Gilson Court  
Orlando, FL 32835

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/02

Daytime Phone #

CR2E034B (12/01)



Attachment  
# P01000003435  
120373

# SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

HARRY J. SWART, CPA  
ANDY J. BAUMRUK, CPA

July 12, 2002

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Annual Report  
Resort Marketing Professionals, Inc.

To Whom It May Concern:

Our client, Resort Marketing Professionals, Inc., was incorporated on January 5, 2001. They never received their first notice Uniform Business Report form and this being their first year of existence, they were unaware of the filing requirements to keep their corporation active.

Attached is a completed Annual Report for the year 2002 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above. To ensure that report is received and filed in a timely manner, we have changed the mailing address of the corporation to our office.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures