

# 2002 UNIFORM BUSINESS REPORT (UBR)

05-15-2002 90001 009 \*\*\*150.00  
P01000031016  
FILED

02 MAY 22 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031016

1. Entity Name

TIME SHARE CONSULTING, INC.

Principal Place of Business

414 TURNER ST  
CLEARWATER FL 33756

Mailing Address

414 TURNER ST  
CLEARWATER FL 33756

2. Principal Place of Business

15618 Charter Oaks Tr.  
Suite, Apt. #, etc.

3. Mailing Address

15618 Charter Oaks Tr.  
Suite, Apt. #, etc.

City & State

Clermont, FL 34711

City & State

Clermont, FL

4. FEI Number

59-3707960

Applied For

Not Applicable

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CENTER, CLARENCE E  
414 TURNER ST  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: Larry R. Knotts  
Street Address (P.O. Box Number Is Not Acceptable)  
15618 Charter Oaks Tr.  
City: Clermont, FL Zip Code: 34711

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

Larry R. Knotts

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/02

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          | D                   | <input checked="" type="checkbox"/> Delete |
| NAME           | CENTER, CLARENCE E  |  |
| STREET ADDRESS | 414 TURNER ST       |  |
| CITY-ST-ZIP    | CLEARWATER FL 33756 |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D - Pres               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Larry R. Knotts        |  |
| STREET ADDRESS | 15618 Charter Oaks Tr. |  |
| CITY-ST-ZIP    | Clermont, FL 34711     |  |
| TITLE          | D - Sec.               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Lisa A. Knotts         |  |
| STREET ADDRESS | 15618 Charter Oaks     |  |
| CITY-ST-ZIP    | Clermont, FL 34711     |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Larry R. Knotts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 352-394-4900

Date Daytime Phone #

CR2E034 (9/01)