

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

DOCUMENT # **0010000052717**
P01000052717

1. Entity Name

FUN TYME VACATIONS, INC.



FILED
03 SEP -9 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P. O. Box 147

Suite, Apt. #, etc.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollister, MO

City & State

Kissimmee, FL

Zip

65673-147

Country

USA

Zip

34744

Country

USA

4. FEI Number

58-2623340

Applied For

Not Applicable

5. Certificate of Status Desired ☐ --

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Swart, Harry J.

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P,S,T
Del Grosso, John
P. O. Box 147
Hollister, MO 65673-147**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900022883319
09/09/03--01060--003 **150.00**

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IN THIS SPACE**

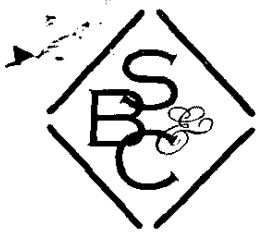
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)



SWART BAUMRUK & COMPANY, LLP

CERTIFIED PUBLIC ACCOUNTANTS ♦ BUSINESS & FINANCIAL CONSULTANTS

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

August 7, 2003

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

RE: Annual Report
Fun Tyme Vacations, Inc. P01000052717

To Whom It May Concern:

Our client, Fun Tyme Vacations, Inc. was incorporated on May 17, 2001. They did file the previous Annual Report. During 2002 they moved, and therefore, did not receive their 2003 UBR as the forwarding order had expired.

Attached is a completed Annual Report for the year 2003 we prepared on their behalf and their payment of \$150.00. We ask that you abate the penalty for the reasons stated above.

Thank you for your consideration and we await your decision.

Sincerely,

Swart Baumruk & Company, LLP

Harry J. Swart, CPA

Enclosures