

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90548 028 ***150.00

DOCUMENT # P01000095926

1. Entity Name
RESORT TECH CONSULTING, INC.



Principal Place of Business
**7918 BRIDGESTONE DR.
ORLANDO FL 32835**

Mailing Address
**7918 BRIDGESTONE DR.
ORLANDO FL 32835**



2. Principal Place of Business
11423 RAPALLO LANE
Suite, Apt. #, etc.

3. Mailing Address
11423 RAPALLO LANE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WINDERMERE FL
Zip
34786 Country

City & State
WINDERMERE FL
Zip
34786 Country
US

4. FEI Number
59-3746346

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, JOSEPH P
7918 BRIDGESTONE DR.
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name
MARTIN, JOSEPH P
Street Address (P.O. Box Number is Not Acceptable)
11423 RAPALLO LANE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSEPH P MARTIN** **PSD** **1-12-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PSD	<input checked="" type="checkbox"/> Delete
NAME MARTIN, JOSEPH P	
STREET ADDRESS 7918 BRIDGESTONE DR.	
CITY-ST-ZIP ORLANDO FL 32835	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, JOSEPH P	
STREET ADDRESS 11423 RAPALLO LANE	
CITY-ST-ZIP WINDERMERE, FL 34786	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH P MARTIN** **1-12-03** **407-230-7180**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)