

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90136 039 ***150.00

DOCUMENT # P01000099932

1. Entity Name
TIMESHARES FOR AUCTION, INC.



Principal Place of Business
**5135 INTERNATIONAL DR
SUITE 3
ORLANDO FL 32819
US**

Mailing Address
**7709 SUNDIAL LANE
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address
7649 MT. CARMEL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL.

4. FEI Number **59-3751113**

Applied For
Not Applicable

Zip

Country

Zip **32835**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVENE, HOWARD S
7709 SUNDIAL LANE
ORLANDO FL 32819**

Name **HOWARD LEVENE**

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

7649 MT. CARMEL DR.

City **ORLANDO**

FL

Zip **32835**

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 **HOWARD LEVENE**

Howard Levene

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEVENE, HOWARD S**
STREET ADDRESS **7709 SUNDIAL LANE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
NAME **7649 MT. CARMEL DR.**
STREET ADDRESS **ORLANDO, FL. 32835**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

HOWARD LEVENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03

Date

345-9333
407-2514184
Daytime Phone #

CR2E034 (10/02)