

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91868 038 ***158.75

DOCUMENT # P01000408750

1. Entity Name
SELECT DESTINATIONS ORLANDO, INC
~~ORLANDO, FLORIDA~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>ORLANDO, FLORIDA</u>		3. Mailing Address <u>6973 BLAIR DRIVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORLANDO, FLORIDA</u>		City & State <u>ORLANDO, FLORIDA</u>	
Zip <u>32818</u>	Country <u>USA</u>	Zip <u>32818</u>	Country <u>USA</u>

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4. FEI Number <u>59-3751909</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>TOBAR VICTOR</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>6973 BLAIR DRIVE</u>	
	City <u>ORLANDO</u>	FL Zip Code <u>32818</u>

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 Victor M. Tobar
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>PRES/VP/TR./S</u>	NAME <u>TOBAR VICTOR</u>	TITLE	NAME
STREET ADDRESS <u>6973 BLAIR DRIVE</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>ORLANDO, FL 32818</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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**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)(f), 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: Victor M. Tobar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034B (12/01)