

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

05-05-2003 91764 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000051605 1. Entity Name RESORT TECHNOLOGIES, INC.		 ✓		90128426	
Principal Place of Business 7302 KNOLL DR NEW PORT RICHEY, FL 34653		Mailing Address 7302 KNOLL DR NEW PORT RICHEY, FL 34653		 ☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 03-0434437		Applied For Not Applicable		5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORAN, GERALD J 7302 KNOLL DR NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent Signature required when instituting) Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW WITH 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 NAME STREET ADDRESS CITY-ST-ZIP DPVS DORAN, GERALD J 7302 KNOLL DR NEW PORT RICHEY, FL 34653			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP T DORAN, GERALD J 7302 KNOLL DR NEW PORT RICHEY, FL 34653			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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: <i>Gerald J. Doran</i> 4/29/03 767972896 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					

CR2E034 (10/02)

\$150 payable FLorida Dept. of State
 Mail to:
 Division of Corporations
 P.O. Box 1500
 Tallahassee, FL 32302-1500