

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90024 042 \*\*\*150.00

**DOCUMENT # P03000051552**

1. Entity Name

INTERVAL REALTY SERVICES, INC.



Principal Place of Business

815 ORIENTA AVENUE  
SUITE 2  
ALTAMONTE SPRINGS FL 32701

Mailing Address

815 ORIENTA AVENUE  
SUITE 2  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

801 Orienta Avenue

Suite, Apt. #, etc.

# 1000

3. Mailing Address

Same

Suite, Apt. #, etc.

"

City & State

Altamonte Springs, FL

City & State

"

Zip

32701

Country

Seminole

Zip

"

Country

"

4. FEI Number

57-32-6075533

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

UHRIG, HAL  
815 ORIENTA AVENUE  
SUITE 2  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

Adam Wroblewski

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

801 Orienta Avenue Suite 1000

City

Altamonte Springs

FL

Zip Code

32701

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

Adam Wroblewski

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

[Signature]

NOTE: Registered Agent signature required when reinstating.

1-21-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	WROBLEWSKI, ADAM	
STREET ADDRESS	8 SOUTH OSCEOLA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME	UHRIG, JANET G	
STREET ADDRESS	370 LAKE SEMINARY	
CITY-ST-ZIP	MAITLAND FL 32751	
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	P T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V S D	<input type="checkbox"/> Change <input checked="" 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:

[Signature] President Adam Wroblewski

Date

Daytime Phone #

1-21-04

(407) 571-7360