2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State DOCUMENT # P93000060794 SUNCOAST VACATION RENTALS, INC. 05-02-2001 90019 041 ***150.00 Principal Place of Business Mailing Address 419 GRANT STREET 419 GRANT STREET **DUNEDIN FL 34698 DUNEDIN FL 34698** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-3199366 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent WHETTON, LESLEY Street Address (P.O. Box Number is Not Acceptable) 419 GRANT ST **DUNEDIN FL 34698** City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ___ Addition WHETTON, LESLEY NAME STREET ADDRESS STREET ADDRESS **419 GRANT STREET** CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE ☐ Delete TITLE ☐ Change Addition ERWIN, FRANK NAME NAME STREET ADDRESS 419 GRANT STREET STREET ADDRESS CITY-ST-7P **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Delete TITLE -☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

A LESLEY WHETTON
ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 72

727 - 738 - 8227