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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91398 010 ***150.00

30112291

DOCUMENT # P93000062842

1. Entity Name
MANATEE COUNTY HOME SHARING CORPORATION

Principal Place of Business	Mailing Address
601 12TH STREET WEST BRADENTON FL 34205	601 12TH STREET WEST BRADENTON FL 34205

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0457435 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

QUINLAN, JOHN V ESQ.
HAMRICK, PERREY, QUINLAN & SMITH
601 12TH STREET WEST
BRADENTON FL 34205

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P WIEBENGA, PIETER FRANKENSLAG 33 HC DEN HAAC,NETHERLANDS 2582 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cornelis de Wittlaam 532 Denhaag, 2582CT Netherlands ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMILTON, TERENCE T MOUTLAAN 34 BEMMEL, THE NETHERLANDS ☐ 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
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
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 [redacted] director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; [redacted] ock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WIEBENGA PIETER 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PIETER WIEBENGA, PRESIDENT