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FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90341 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046240

1. Entity Name
FLORIDA CHOICE VACATION HOME RENTALS, INC.

91010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3501 W. VINE STREET	3501 W. VINE STREET
Suite, Apt. #, etc.: SUITE 130	Suite, Apt. #, etc.: SUITE 130
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3247291 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Karen Woodward

Street Address (P.O. Box Number is Not Acceptable): 1112 Golf Course Parkway

City: Davenport FL Zip Code: 33837

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: Karen Woodward
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. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOODWARD, NEIL
STREET ADDRESS	1112 GOLF COURSE PARKWAY
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	VD
NAME	WOODWARD, KAREN
STREET ADDRESS	1112 GOLF COURSE PARKWAY
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	SD
NAME	WETTSTEIN, TED
STREET ADDRESS	632 STETSON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #