

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90341 044 ***150.00

DOCUMENT # P94000046240 ✓

1. Entity Name

FLORIDA CHOICE VACATION HOME RENTALS, INC.

DO NOT WRITE IN THIS SPACE

91010

2. Principal Place of Business

3501 W. VINE STREET

3. Mailing Address

3501 W. VINE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 130

SUITE 130

City & State

City & State

KISSIMMEE, FL

KISSIMMEE, FL

Zip

Zip

34741

Country

USA

34741

Country

USA

4. FEI Number

59-3247291

Applied For

Not Applicable

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

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

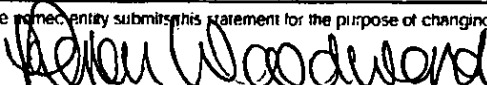
FL

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



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

(NOTE: Registered Agent signature required when it is mandatory)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

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

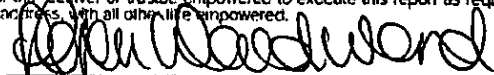
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOODWARD, NEIL 1112 GOLF COURSE PARKWAY DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOODWARD, KAREN 1112 GOLF COURSE PARKWAY DAVENPORT, FL 33837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WETTSTEIN, TED 632 STETSON STREET ORLANDO, FL 32804
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 life empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)