

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

FILED

03 DEC 26 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000076484**
1. Corporation
Elite Vacations, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
435 W. Vine street
State, Apt. #, etc.
City & State
Kissimmee, Florida
Zip
34741 Country
U.S.

3. Mailing Address
State, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE
4. FID Number
650733915
Applied For
Not Applied
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
Robert S. Hayes, P.A.
Street Address (P.O. Box Number is Not Acceptable)
441 W. Vine street
City
Kissimmee FL Zip Code
34741

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY ST ZIP	President / Treasurer / Secretary Paul Oxley 3050 Michigan Ave Kissimmee, FL 34744	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	Vice-President Richard Bagshaw 435 W. Vine street Kissimmee, FL 34741	TITLE NAME STREET ADDRESS CITY ST ZIP	600025762176 12/26/03--01014--008 **\$61.25
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that my signature shall have the same legal effect as I made under oath; that I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with another I am employed.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)