

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 002 ***150.00

DOCUMENT # P96000077429

1. Entity Name

SELECT DESTINATIONS INC.



DO NOT WRITE IN THIS SPACE

11041799

2. Principal Place of Business
3361 WEST VINE STREET

3. Mailing Address
3361 WEST VINE STREET

Suite, Apt. #, etc.
SUITE #208

Suite, Apt. #, etc.
SUITE # 208

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

Zip
34744

Country
USA

Zip
34744

Country
USA

4. FEI Number 59-3411854

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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
P
JOHN, JULIAN PAUL
3361 WEST VINE STREET #208
KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JOHN, JOHANNA S
3361 WEST VINE STREET #208
KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

407-
390-0550

4/30/2003