


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90832 045 \*\*\*150.00

<b>DOCUMENT #</b> P97000007993	
<b>1. Entity Name</b> TIMESHARE RESALES USA, INC.	

<b>Principal Place of Business</b> 5135 INTERNATIONAL DR STE 3 ORLANDO FL 32819	<b>Mailing Address</b> 5135 INTERNATIONAL DR STE 3 ORLANDO FL 32819
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	7649 MT. CARMEL DR.

<b>City &amp; State</b>	<b>City &amp; State</b>
ORLANDO, FL.	ORLANDO, FL.
<b>Zip</b>	<b>Zip</b>
32835	32835



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b>	<b>59-3423192</b>	<b>Applied For</b>
		Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
LEVENE, CAROL 7709 SUNDIAL LANE ORLANDO FL 32819	<b>Name</b> LEVENE, CAROL <b>Street Address (P.O. Box Number is Not Acceptable)</b> 7649 MT. CARMEL DR. <b>City</b> ORLANDO <b>FL</b> <b>Zip</b> 32835

**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** *Carole Levene* **CAROLE LEVENE (PRES)** **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																								
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Carole Levene* **CAROLE LEVENE** **2-10-03** **888-284-6374**

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

CR2E034 (10/02)