## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am Secretary of State DOCUMENT # **P97000027066** 05-16-2001 90006 029 \*\*\*150.00 LEISURE TIME MARKETING, INC. Principal Place of Business Mailing Address 1600 N ATLANTIC AVE 1600 N ATLANTIC AVE COCOA BEACHE FL 32931 COCOA BEACHE FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3440366 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REINA, LEONARD P Street Address (P.O. Box Number is Not Acceptable) 500 FIFTH AVE. SOUTH, SUITE 502 NAPLES FL 34102 City Zip Code 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME REINA, LEONARD P NAME STREET ADDRESS 500 FIFTH AVE. SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Delete ☐ Change ☐ Addition TITLE VT\$ NAME TRIP. LUCIEN STREET ADDRESS STREET ADDRESS 1600 N ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM



1600 N. Atlantic Ave. • Cocoa Beach, FL 32931 • Phone: (321) 783-8000 • Fax: (321) 783-2122

544172

1/29/01

TO: Marlin Swanson & Britt Shenkman

Sole stockholders of Leisure Time Marketing, Inc.& Discovery Rental, Inc.

RE: Resignation as Secretary/Treasurer

## Gentlemen:

Please accept my resignation as Secretary/Treasurer of Leisure Time Marketing, Inc and of Discovery Rental, Inc, effective as of the date of this notice.

Sincerely Yours,

Lucien H. Trip