

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045675

1. Entity Name

ACCOMMODATION USA, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90059 038 ***150.00

Principal Place of Business

Mailing Address

1325 E. VINS STREET
KISSIMMEE FL 34744

1325 E. VINS STREET
KISSIMMEE FL 34744

C0023563

2. Principal Place of Business

1327 E. Vine Street

Suite, Apt. #, etc.

3. Mailing Address

1327 E. Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number

59-3458722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISHER, JACK
1325 E. VINS STREET
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

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

1327 E. Vine Street

City

FL

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME STANGHON, MARK
STREET ADDRESS 30 YEW TREE ROAD, BECJENHAM, KENT
CITY-ST-ZIP ENGLAND BR3 4HT ☐ Delete

TITLE S
NAME LISH, TERRI
STREET ADDRESS 30 YEW TREE ROAD, BECJENHAM, KENT
CITY-ST-ZIP ENGLAND BR3 4HT ☐ Delete

TITLE T
NAME SPRACKLING, ANTHONY G
STREET ADDRESS 30 YEW TREE ROAD, BECJENHAM, KENT
CITY-ST-ZIP ENGLAND BR3 4HT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE Same
NAME Stanghon, Terri
STREET ADDRESS Same
CITY-ST-ZIP Same ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00

407-894-6772