

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000045675

## 1. Entity Name

ACCOMMODATION USA, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90208 044 \*\*\*150.00

## Principal Place of Business

3501 WEST VINE ST.  
LA MIRADA PLAZA, SUITE 388  
KISSIMMEE FL 34741

## Mailing Address

3501 WEST VINE ST.  
LA MIRADA PLAZA, SUITE 388  
KISSIMMEE FL 34741

## 2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2102 E. Robinson Street

Orlando, FL 32803

32803

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  
1327 E. VINS STREET  
KISSIMMEE FL 34744

## 7. Name and Address of New Registered Agent

Name

Richard F. Hayes

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

2102 E. Robinson Street

City

Orlando

FL

Zip Code

32803

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	STANGHON, MARK	30 YEW TREE ROAD, BECJENHAM, KENT	ENGLAND BR3 4HT	<input type="checkbox"/>
S	STANGHON, TERRI	30 YEW TREE ROAD, BECJENHAM, KENT	ENGLAND BR3 4HT	<input type="checkbox"/>
T	SPRACKLING, ANTHONY G	30 YEW TREE ROAD, BECJENHAM, KENT	ENGLAND BR3 4HT	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, withal other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 407/894-6722

CR2E034 (10/00)