

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State
 01-24-2001 90002 013 ***150.00

DOCUMENT # P98000020525

1. Entity Name

THE RESORT IMPORT CO.

Principal Place of Business

6550 150TH AVE NORTH
 STE #H209
 CLEARWATER FL 33760

Mailing Address

6550 150TH AVE NORTH
 STE. #H209
 CLEARWATER FL 33760

2. Principal Place of Business

14203 VALENTINE TRAIL

3. Mailing Address

14203 VALENTINE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33774

Country

USA

Zip

33774

Country

USA

4. FEI Number

59-3498216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWTON, TAMARA
6550 150TH AVE N.
CLEAR WATER FL 33760

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **NEWTON, TAMARA**
 CITY-ST-ZIP **6550 150TH AVE. STE #H209**
CLEARWATER FL 33760

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

TITLE ☒ Delete
 NAME **STD**
 STREET ADDRESS **SIGGINS, ERIC**
 CITY-ST-ZIP **6550 150TH AVE. STE. #H209**
CLEARWATER FL 33760

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

TAMARA NEWTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 (727) 538-5577

CR2E034 (10/00)