

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

02-21-2003 90171 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000023688**

1. Entity Name

Timeshares Direct.com, Inc.



DO NOT WRITE IN THIS SPACE

90032273

2. Principal Place of Business

7061 Grand hat'l Dr.

Suite, Apt. #, etc.

136

City & State

Orlando, FL

Zip

32819

Country

U.S.

3. Mailing Address

7649 Mount Carmel Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

4. FEI Number

59-3506157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Levene, Howard

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

7649 Mount Carmel Dr.

City

Orlando

FL

Zip Code

32835

**DO NOT WRITE
IN THIS SPACE**

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

HOWARD LEVENE

Howard Levene

2-20-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
Levene, Howard
7649 Mount Carmel Dr.
Orlando, FL 32835**

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

HOWARD LEVENE

Howard Levene

Date

Daytime Phone #

407-351-4391

CR2E034B (12/02)