

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/00

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-05-2000 90086 023 ***150.00

DOCUMENT # P98000073891

1. Entity Name
CAPITOL RESORTS EXCHANGE SERVICES, INC.

R



DO NOT WRITE IN THIS SPACE
58-2552954

Principal Place of Business
27 FLETCHER AVENUE
SARASOTA FL 34237

Mailing Address
STARK
425-B S SEANE HWY
WEARE NH 03281

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WALLACK, MICHAEL M ESQ.
27 FLETCHER AVENUE
SARASOTA FL 34237

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVEN, JOHN W 25550 HAWTHORNE BLVD. #207 MAUMELLE AR 72113	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD PRIAKOS, WILLIAM H 6408 RINGSHILL DRIVE DALLAS TX 75248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVTD Priakos, William 6408 RISINGHILL DR DALLAS, TX 75248-1343	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Priakos* **WILLIAM PRIAKOS** **4/25/00** **972-947-0702**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CP2E034 (9/99)

Doc # P9800007389

106342

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **58-2552954**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

OMB No. 1545-0047

Capitol Resort Exchange Services, Inc.

2 Trade name of business (if different from name on line 1) **Capitol Resort Exchange Services, Inc.**

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.) **425-1 S. Stark Hwy**

4b City, state, and ZIP code **Weare, NH 03281**

5a Business address (if different from address on lines 4a and 4b) **425-1 S. Stark Hwy**

5b City, state, and ZIP code **Weare, NH 03281**

6 County and state where principal business is located **Hillsborough NH**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) **William Priakos 431-74-7554**

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership _____

REMIC _____

State/local government _____

Church or church-controlled organization _____

Other nonprofit organization (specify) _____

Other (specify) _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) _____

Trust _____

Federal government/military _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated **FL** State Foreign country

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) _____

Banking purpose (specify purpose) _____

Changed type of organization (specify new type) _____

Purchased going business _____

Created a trust (specify type) _____

Other (specify) _____

Hired employees (Check the box and see line 12.) _____

Created a pension plan (specify type) _____

10 Date business started or acquired (month, day, year) (see instructions) **4-1-99**

11 Closing month of accounting year (see instructions) **Sept.**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **00 wages**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural Agricultural Household

14 Principal activity (see instructions) **Timeshare travel**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used _____

Yes No

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) _____ Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name **Endless Holidays, Corrada name**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) **3-15-00** City and state where filed **Weare, NH** Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) **(603) 529-3321**

Residence telephone number (include area code) **(603) 529-3322**

Name and title (Please print name or print clearly) **William Priakos, Pres.**

Signature **William Priakos** Date **May 30, 2000**

Please leave blank

Geo. _____ Ind. _____ Class _____ Size _____ Reason for applying _____

*** This corp. is registered in FL and has a FL registered agent.**

FAX 678-530-6136