

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90176 039 ***150.00

DOCUMENT # P99000006442

1. Entity Name
FLORIDIAN ESCAPES, INC.

Principal Place of Business

7652 ASHLEY PARK COURT
SUITE 301
ORLANDO FL 32835

Mailing Address

P.O. BOX 1054
WINDERMERE FL 34786

2. Principal Place of Business

7601 Conroy Windermere Rd

Suite, Apt. #, etc.
Suite 203

City & State
Orlando, FL

Zip
32835

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3553847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, MICHAEL B
7652 ASHLEY PARK COURT
SUITE 301
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

7601 Conroy Windermere Rd
Suite 203

City

Orlando

FL

Zip Code

32835

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 of Michael B Jones)
 Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL B JONES

4/16/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	STALLARD, MICHAEL R	
STREET ADDRESS	714 NORTH BERMUDA	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAJA, JANAK H	
STREET ADDRESS	714 NORTH BERMUDA	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL B	
STREET ADDRESS	7652 ASHLEY PARK COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL B JONES	
STREET ADDRESS	7601 Conroy Windermere Rd	
CITY-ST-ZIP	Suite 203	
TITLE	Orlando FL 32835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Signature of Michael B Jones)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

MICHAEL B JONES

Date

Daytime Phone #

4/16/02

407234091

CR2E034 (9/01)