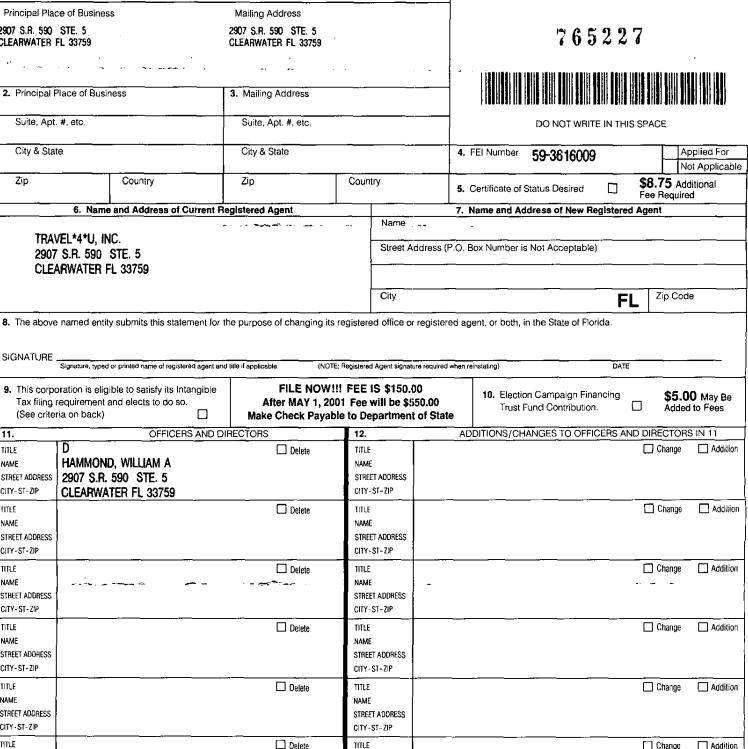
## .2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000026548 1. Entity Name VACATIONS-4-U, INC. Principal Place of Business Mailing Address 2907 S.R. 590 STE. 5 2907 S.R. 590 STE, 5 CLEARWATER FL 33759 CLEARWATER FL 33759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent

## **FILED** May 15, 2001 8:00 am Secretary of State

05-15-2001 90149 024 \*\*\*150.00



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.

CITY-ST-ZIP

TRAVEL\*4\*U, INC.

2907 S.R. 590 STE. 5 **CLEARWATER FL 33759** 

9. This corporation is eligible to satisfy its Intangible

HAMMOND, WILLIAM A

2907 S.R. 590 STE. 5

**CLEARWATER FL 33759** 

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

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

OFFICERS AND DIRECTORS

WILLIAM A. HAMMOND

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

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NAME

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

☐ Addition