

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000027016**

1. Entity Name  
**FLORIDA SUNSHINE VACATION HOMES, INC.**

Principal Place of Business  
**1908 E OSCEOLA PARKWAY  
KISSIMMEE FL 34743**

Mailing Address  
**1908 E OSCEOLA PARKWAY  
KISSIMMEE FL 34743**

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

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

City & State

Zip Country Zip Country

FILED  
MAR 28 2002 8:00 AM  
Secy FILED of State  
03-28-2002 90173 023 \*\*\*150.00  
02 APR 26 AM 7:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03/28/02 90173 023 \$150.00

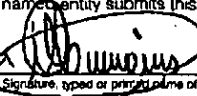
4. FEI Number **65-0912948** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GUERRIERO, ANTONIO M  
10033 CANOPY TREE CT.  
ORLANDO FL 32836**

7. Name and Address of New Registered Agent  
Name **HENRIQUEZ, GREGORIO**  
Street Address (P.O. Box Number is Not Acceptable) **13243 Sobrado Drive**  
City **Orlando** FL Zip Code **32837**

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  **03-07-02**  
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.

**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

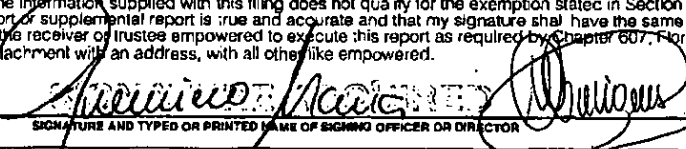
11. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUERRIERO, ANTONIA MARIA</b>	
STREET ADDRESS	<b>10033 CANOPY TREE COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
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	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRIQUEZ, GREGORIO</b>	
STREET ADDRESS	<b>13243 SOBRADO DR</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>	
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		<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:  **3/5/02** **407-3440029**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

BB