

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90001 032 \*\*\*150.00

**DOCUMENT # P99000043681**

**1. Entity Name**

**VACATION PROPERTY SERVICES, INC.**

**Principal Place of Business**

**9269 PARK BLVD NORTH  
 SEMINOLE FL 33777**

**Mailing Address**

**9269 PARK BLVD NORTH  
 SEMINOLE FL 33777**

**2. Principal Place of Business**

**5565 9th St North**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**5565 9th St. North**  
 Suite, Apt. #, etc.

**City & State**

**St. Petersburg FL**

**City & State**

**St Petersburg, FL**

**4. FEI Number**

**59-3477377**

**Applied For**

**Not Applicable**

**Zip**

**33703**

**Country**

**U.S.A.**

**Zip**

**33703**

**Country**

**U.S.A.**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**DANN, MARK C  
 9269 PARK BLVD NORTH  
 SEMINOLE FL 33777**

**7. Name and Address of New Registered Agent**

**Name**

**Dann, Mark C**

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

**5565 9th St North**

**City**

**St. Pete, FL**

**FL**

**Zip Code**

**33703**

**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**

*Mark C Dann*

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

(NOTE: Registered Agent signature required when reinstating)

**1/28/02**

**DATE**

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)**

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**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**

|                        |                             |                                 |
|------------------------|-----------------------------|---------------------------------|
| <b>TITLE</b>           | <b>P</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>            | <b>DANN, MARK C</b>         |                                 |
| <b>STREET ADDRESS</b>  | <b>9269 PARK BLVD NORTH</b> |                                 |
| <b>CITY - ST - ZIP</b> | <b>SEMINOLE FL 33777</b>    |                                 |
| <b>TITLE</b>           | <b>V</b>                    | <input type="checkbox"/> Delete |
| <b>NAME</b>            | <b>WILSON, ALBERT M.</b>    |                                 |
| <b>STREET ADDRESS</b>  | <b>9269 PARK BLVD NORTH</b> |                                 |
| <b>CITY - ST - ZIP</b> | <b>SEMINOLE FL 33777</b>    |                                 |
| <b>TITLE</b>           |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>            |                             |                                 |
| <b>STREET ADDRESS</b>  |                             |                                 |
| <b>CITY - ST - ZIP</b> |                             |                                 |
| <b>TITLE</b>           |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>            |                             |                                 |
| <b>STREET ADDRESS</b>  |                             |                                 |
| <b>CITY - ST - ZIP</b> |                             |                                 |
| <b>TITLE</b>           |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>            |                             |                                 |
| <b>STREET ADDRESS</b>  |                             |                                 |
| <b>CITY - ST - ZIP</b> |                             |                                 |
| <b>TITLE</b>           |                             | <input type="checkbox"/> Delete |
| <b>NAME</b>            |                             |                                 |
| <b>STREET ADDRESS</b>  |                             |                                 |
| <b>CITY - ST - ZIP</b> |                             |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                        |   |
|------------------------|---|
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |   |
| <b>STREET ADDRESS</b>  |   |
| <b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |   |
| <b>STREET ADDRESS</b>  |   |
| <b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |   |
| <b>STREET ADDRESS</b>  |   |
| <b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |   |
| <b>STREET ADDRESS</b>  |   |
| <b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |   |
| <b>STREET ADDRESS</b>  |   |
| <b>CITY - ST - ZIP</b> |   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |   |
| <b>STREET ADDRESS</b>  |   |
| <b>CITY - ST - ZIP</b> |   |

**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 any attachment with an address with all other like empowered.**

**SIGNATURE:**

*Mark C Dann*

**1/28/02 727 490-5200**

CR2E034 (9/01)