

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000060921

1. Entity Name
EXCEL VACATION SERVICES, INC.



90130199

Principal Place of Business
8555 W HWY 192
KISSIMMEE, FL 34747

Mailing Address
8555 W HWY 192
KISSIMMEE, FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3586096

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTEGA, RICARDO
717 DROMEDARY DRIVE
POINCIANA, FL 34759**

7. Name and Address of New Registered Agent

Name
Erin Smith

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

3004 Saguna Court

City
Kissimmee

FL

Zip Code
34746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Erin Smith Erin Smith Office Manager 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
TSCHIDA, WILLIAM J
8555 W HWY 192
KISSIMMEE, FL 34747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I've empowered.

SIGNATURE: William J. Tschida William J. Tschida 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daying Phase 2

CR2E034 (10/02)