

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064753

1. Entity Name

INTERNATIONAL GUEST SERVICES, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90074 010 \*\*\*150.00

Principal Place of Business Mailing Address  
5334 CENTRAL FLORIDA PARKWAY #109 5334 CENTRAL FLORIDA PARKWAY #109  
ORLANDO FL 32829 ORLANDO FL 32821-8772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3588212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUELLER, KENNETH  
6453 S. ORANGE AVENUE #4  
ORLANDO FL 32809

Name ~~SMALLEY, WAYNE~~  
~~SMALLEY & COMPANY, P.A.~~  
Street Address (P.O. Box Number is Not Acceptable)  
1527 E. CONCORD STREET  
City ORLANDO FL Zip Code 32803

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

(NOTE: Registered Agent signature required when reinstating)

02/03/2000  
DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.S.  
NAME E. Sonya Beckner  
STREET ADDRESS 7532 DR. PHILLIPS BLVD #50354  
CITY-ST-ZIP ORLANDO, FLORIDA 32819

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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: E. Sonya Beckner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/00 407 240-4633  
Date Daytime Phone #

CR2E034 (9/99)