

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000066389**

1. Entity Name

**FIVE O'CLOCK ROOM INC.**FILED  
SECRETARY OF STATE  
VISION OF CORPORATION

00 OCT 16 AM 8:18

**A0076348**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4113 S. ORANGE BLOSSOM TR. ORLANDO FL 32839		Mailing Address 4113 S. ORANGE BLOSSOM TR. ORLANDO FL 32839	
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 59-3589603		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THOMSON, TYLER 1210 41ST ST. ORLANDO FL 32839		7. Name and Address of New Registered Agent Name: THOMSON, TYLER Street Address (P.O. Box Number is Not Acceptable) 314 WREN LANE 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: <u>Tyler Thomson, TYLER THOMSON - PRESIDENT - 9/6/00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMSON, TYLER 314 WREN LANE ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>TYLER THOMSON</u>		Date: <u>9/6/00</u> 407-497-1303	

C.R. 10034 (5/00)