2000 UNIFORM BUSINESS REPORT (UBR) Aug 08, 2000 8:00 am Secretary of State DOCUMENT # **P99000081695** TIMESHARE BROKERS OF AMERICA, INC. 1 08-08-2000 90005 012 ***150.00 Principal Place of Business Mailing Address 6932 SOUTH KIRKMAN RD. 6932 SOUTH KIRKMAN RD. ORLANDO FL 32819 ORLANDO FL 32819 Principal Place of Business 3. Mailing Address 6308 International 691715 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Orlando City & State 328/9 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARDIZONE, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 8222 BRONTE CT. ORLANDO FL 32836 Orlando8. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE 4701 Windsor Ave NAME ARDIZONE JR., JOHN NAME STREET ADDRESS STREET ADDRESS 8222 BRONTE CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

SIGNATURE: Since States ESE STORE Andizone J

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

14/00 407-342

☐ Change

☐ Change

☐ Addition

☐ Addition

attachment# 149000081695

Timeshare Brokers of America P.O. BOX 691715 Orlando, FL 32819

July 14, 2000

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. BOX 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam,

I am writing in reference to the second notice of the 2000 Uniform Business Report I recently received in the mail. Unfortunately I never received the initial registration form prior to this notice. I spoke with a representative within your office who instructed me to send the initial payment of \$150.00 along with this completed form which you will find in the enclosed envelope.

I thank you in advance for your understanding in this matter.

Sincerely,

John Ardizone Jr.

Ihn Angraf.