FILED Sep 08, 2002 8:00 am Secretary of State

09-08-2002 90087 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P99000081695

DO&UMENT# 1. Entity Name

TIMESHARE BROKERS OF AMERICA, INC.

Principal Place of	of Business	Mailing Addres	<u> </u>		
6308 INTERNATIONAL DRIVE ORLANDO FL 32819		PO BOX 691715 ORLANDO FL 32819			
2. Principal Plac	e of Business	3. Mailing Addre	200		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WR
City & State		City & State		4	J. FEI Number 59-3599466
Zip	Country	Zip	Cour	Country 5. Certificate of Status Desired	
	6. Name and Address of Cu	rrent Registered Agent		7.	. Name and Address of New I
				Name	
ARDIZONE, 4701 WINDS ORLANDO F	OR AVENUE		Street Address (F		Box Number is Not Acceptable
	2 02010			City	<u> </u>
The above nare the obligations SIGNATURE	med entity submits this statem s of registered agent.	ent for the purpose of cha	inging its register	l ed office or registered a	agent, or both, in the State of Fi
Sign	nature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signature required wher	reinstating)
	on is eligible to satisfy its Intar uirement and elects to do so.	-	NOW!!! FEE	IS \$550.00 Fee will be \$750.00	10. Election Campaign Fi

ITE IN THIS SPACE

Applied For

Not Applicable

.**\$8.7.5** Additional==

Zip Code

Registered Agent

DATE

orida. I am familiar with, and accept

This corporation is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$550.00
Tax filing requirement and elects to do so.	After September 13, 2002 Fee will be \$750.00
(See criteria on back)	Make Check Payable to Department of State

nancino Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition NAME ARDIZONE JR., JOHN NAME STREET ADDRESS **4701 WINDSOR AVENUE** STREET ADDRESS CITY-ST-ZIE ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change - . . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: <

CR2E034 (4/02)

Quaeunux #799000681695

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

August 21, 2002

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 2002 Uniform Business Report I recently received in the mail. Unfortunately, I never received the initial 2002 Uniform Business Report 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.