

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90009 013 ***158.75

0446364 AV

DOCUMENT # S86330

1. Entity Name

ENDLESS SUMMER VACATIONS USA, LTD., CORP.

Principal Place of Business

~~18001 GULF BLVD~~ 176.35 GULF BLVD

D

REDINGTON SHORES FL 33708

US

Mailing Address

~~18001 GULF BLVD~~

D

REDINGTON SHORES FL 33708

US

2. Principal Place of Business

176.35 GULF BLVD

Suite, Apt. #, etc.

City & State

Redington Shores FL

Zip
33708

Country
US

3. Mailing Address

176.35 GULF BLVD

Suite, Apt. #, etc.

City & State

Redington Shores FL

Zip
33708

Country

4. FEI Number

59-3091808

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WRIGHT, LESLIE N

18001 GULF BLVD SUITE D

REDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent

Name

N. Leslie Wright

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

176.35 GULF BLVD

City

Redington Shores

FL

Zip Code

33708

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)

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, 2002 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	WRIGHT, N. LESLIE	
STREET ADDRESS	8097 140TH ST. NO.	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WRIGHT, CYNTHIA H	
STREET ADDRESS	8097 140TH ST. N.	
CITY-ST-ZIP	SEMINOLE FL 34346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.01.02. 7273987700

CR2E034 (9/01)