

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90107 015 ***158.75

DOCUMENT # V46209

1. Entity Name
VACATION INCENTIVES, INC.



Principal Place of Business
**51 S MAIN AVENUE
SUITE 319
CLEARWATER FL 33765
US**

Mailing Address
**51 S MAIN AVENUE
SUITE 319
CLEARWATER FL 33765
US**



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 **59-3129781**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, DALTON A MGR.
2236 WHITE OAK CIRCLE
CLEARWATER FL 33763**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES.	<input type="checkbox"/> Delete
NAME DAVIS, TAMMY L	
STREET ADDRESS 2231 RIVIERA DRIVE	
CITY-ST-ZIP CLEARWATER FL 34623	
TITLE V.P.	<input type="checkbox"/> Delete
NAME DALTON A. DAVIS	
STREET ADDRESS 2231 RIVIERA DR.	
CITY-ST-ZIP CLEARWATER FL 33763	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME DALTON A. DAVIS II	
STREET ADDRESS 2236 WHITE OAK CIRCLE	
CITY-ST-ZIP CLEARWATER, FL 33763	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME JEFFREY A. DAVIS	
STREET ADDRESS 2041 SCOTLAND DR.	
CITY-ST-ZIP CLEARWATER, FL 33763	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DALTON A. DAVIS	
STREET ADDRESS 2231 RIVIERA DR.	
CITY-ST-ZIP CLEARWATER, FL 33763	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DALTON A. DAVIS II	
STREET ADDRESS 2236 WHITE OAK CIRCLE	
CITY-ST-ZIP CLEARWATER, FL 33763	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEFFREY A. DAVIS	
STREET ADDRESS 2041 SCOTLAND DR.	
CITY-ST-ZIP CLEARWATER, FL 33763	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tammy L Davis** 3/5/03 727)449-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)