

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90060 030 \*\*\*158.75

**DOCUMENT #** P02000103146

1. Entity Name  
**1010 VACATIONS, INC.**



Principal Place of Business  
**6017 PINE RIDGE RD #140  
NAPLES FL 34119**

Mailing Address  
**6017 PINE RIDGE RD #140  
NAPLES FL 34119**



2. Principal Place of Business  
**4100 Corporate Square**  
Suite, Apt. #, etc.  
**Suite # 135**

3. Mailing Address  
**4100 Corporate Square**  
Suite, Apt. #, etc.  
**Suite # 135**

City & State  
**NAPLES, FL**

City & State  
**Naples, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**05-0531173**

Applied For  
 Not Applicable

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

Zip **34104** Country **Gottin USA**

Zip **34104** Country **USA**

6. Name and Address of Current Registered Agent

**MAHER, STEPHEN**  
**6017 PINE RIDGE RD #140**  
**NAPLES FL 34119**

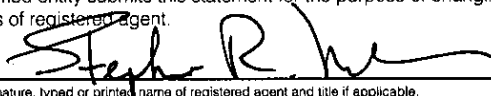
7. Name and Address of New Registered Agent

Name **STEPHEN MAHER**

Street Address (P.O. Box Number is Not Acceptable)  
**4100 Corporate Sq. Suite 135**

City **Naples** FL Zip Code **34104**

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  **STEPHEN R. MAHER** DATE **MARCH 25, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Delete <b>MAHER, STEPHEN</b> <b>6017 PINE RIDGE RD #140</b> <b>NAPLES FL 34119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>MAHER, STEPHEN</b> <b>4100 Corporate Square, Suite 135</b> <b>Naples, FL 34104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **March 25, 2003** Daytime Phone # **239-649-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)