


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91091 048 ***150.00

DOCUMENT # 367193

1. Entity Name
OLD BRIDGE PARK CORPORATION



Principal Place of Business
**6605 SW 109TH STREET
MIAMI FL 33156**

Mailing Address
**P.O. BOX 2547
FT MYERS FL 33902
US**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1353499**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CUTLER, HJ
241 SRVILLA AVE
SUITE 805
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

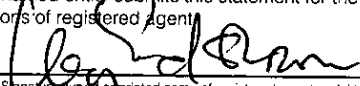
Name **William Sundstrom**

Street Address (P.O. Box Number is Not Acceptable)
2548 Blairstone Pines Dr

Tallahassee

City **Tallahassee** FL Zip Code **32303**

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  DATE **1-23-03**

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	C	<input type="checkbox"/> Delete
NAME	SCHENKMAN, JACK	
STREET ADDRESS	6605 SW 109 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHENKMAN, MIRIAM	
STREET ADDRESS	6605 SW 109TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHENKMAN, MICHAEL	
STREET ADDRESS	6605 SW 109TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHENKMAN, JOEL	
STREET ADDRESS	6605 SW 109 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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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		

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:  **Jack Schenkman** Date **3/13/03** Daytime Phone # **239-543-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)