2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 468110** 1. Entity Name HILLSIDE MOBILE HOME PARK, INC. 01-19-2000 90269 018 ***150.00 Principal Place of Business Mailing Address C/O RAY A. SCHLICHTE JR. 39515 BAMBOO LANE C0007083 ZEPHYRHILLS FL 33540 2225 POLK ST., #6A HOLLYWOOD FL 33020-6709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1622151 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHLICATE, RAY A Street Address (P.O. Box Number is Not Acceptable) 2225 POLK ST APT 6A HOLLYWOOD FL 33020 Zip Code City 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PSD** TITLE Delete TITLE SCHLICHTE, JR., RAY A NAME NAME STREET ADDRESS 2225 POLK ST., #6A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Change _ Addition------ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 suppliemental 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 by trustee employment 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-employees.

Ray A. Schlichte, Jr.

Daytime Phone #