2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761893 1. Entity Name

TRAILER VILLA TENANTS ASSOCIATION, INC.

FILED May 14, 2002 8:00 am Secretary of State

Indici	EN VILLA TENANTO ASSOCIAT	HUN, INC.				05-14-2002 9006	5 009 ****6	51.25
Principal Place of Business 803 52ND AVE PLAZA W BRADENTON FL 34207 US 2. Principal Place of Business		Mailing Address						
		803 52ND AVE PLAZA W BRADENTON FL 34207 US	F : :					
		3. Mailing Address	li li					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For			
Zip	Country	Zip	Country		5. Certificate of Si		\$8.75 A	
	6. Name and Address of Current	t Registered Agent			7. Name and Add	iress of New Register	Fee Requir	rea
سيبعج			Narne			5		
DAVIS, N	MABLE W		Street	Address (F	P.O. Box Number is	Not Acceptable)		
803 52ND AVE			,			 		
PLAZA V	v ITON FL 34207		City				Т.,	<u> </u>
							FL Zip Cod	de
8. The abo	ove named entity submits this statement for	or the purpose of changing its	registered office	or registere	ed agent, or both, in	the state of Florida.	·	
SIGNATURI	E Mable 10 Day	s and title if applicable. (NOTE:	Maul	_ JW ature required v	Davos when reinstating)		-25-p	4
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make Ch Departi	eck Payable ment of Stat	to e
10.	OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing	AL AL	Added to Fees DDITIONS/CHANGE	Make Ch Departi	ment of Stat	е
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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-25-Date 2

941-157-3047 Daytime Phone # CR2E037 (9/01