2002 Uniform Business Report (UBR)

Mar 25, 2002 8:00 am Secretary of State F35489 DOCUMENT # 1. Entity Name 03-25-2002 90171 038 ***150.00 AUBURNDALE PARKS, INC. Principal Place of Business Mailing Address 2813 GRAPEFRUIT DR. 2813 GRAPEFRUIT DR. AUBURNDALE FL 33823 AUBURNDALE FL 33823 3.-Mailing Address Principal Place of Business W. Bridgers 802 W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2098487 FI Not Applicable Auburndale Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 823 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Timothy J. Pospichal POSPICHAL, DONALD J. Street Address (P.O. Box Number is Not Acceptable) 2813 GRAPEFRUIT DR. **AUBURNDALE FL 33823** Bridgers 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 President/Director d name of registered apent and title if applicable DATE (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Qq ☐ Addition TITLE **何** Change CR2E034 (9/01 POSPICHAL, DONALD J. NAME NAME Pospichal, Timothy J. 2813 GRAPEFRUIT DR. STREET ADDRESS STREET ADDRESS 802'w. Bridgers Ave AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP Auburndale, VD Delete VO ☐ Addition TITLE TITLE Change Pospichal, Marcie W. POSPICHAL, PEGGY A. NAME NAME **2813 GRAPEFRUIT DRIVE** 802 W. Bridgers Ave. STREET ADDRESS STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP Duburndale, Fl STD Delete TITLE Change ☐ Addition TITLE NAME POSPICHAL, STEVEN. J. NAME Pospichal, Peggy A. 2813 Grapefruit Dr. Auburndule_FI 3 STREET ADDRESS **108 WEST JULIANA WAY** STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP CITY-ST-ZIP , FI 33<u>823</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR