2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000033892

Entity Name: CORDELERY CAMPING INC

FILED Sep 12, 2003 Secretary of State

| | | L 14. V. 67 (WII 11 VO, 11 VO. | | | |
|--|---|---------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Pla | New Principal Place of Business: | |
| 419 "A" ANASTASIA BLVD ST AUGUSTINE, FL 32084 | | | | 419 ANASTASIA BLVD ST AUGUSTINE, FL 32084 | |
| Current M | lailing Addres | ss: | New Mailing Addr | New Mailing Address: | |
| 419 "A" ANASTASIA BLVD ST AUGUSTINE, FL 32084 | | | | 419 ANASTASIA BLVD ST AUGUSTINE, FL 32084 | |
| FEI Number: | : 58-2289493 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addres | Name and Address of New Registered Agent: | |
| 419 "A" AN | N, CLARK V NASTASIA BLV STINE, FL 320 | | 419 ANASTÁSIA BI | MONOHAN, CLARK V 419 ANASTASIA BLVD ST AUGUSTINE, FL 32084 | |
| | named entity : e of Florida. | submits this statement for the | ourpose of changing its registe | ered office or registered agent, or both, | |
| SIGNATURE: | | | | 09/12/2003 | |
| | Electror | ic Signature of Registered Ag | ent | Date | |
| | mpaign Financing | g Trust Fund Contribution(). TORS: | ADDITIONS/CHAN | NGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () MONOHAN, CL 419 ST AUGUSTINE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () MONOHAN, BC 419 ST AUGUSTINE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE K MONAHAN D 09/12/2003