

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90079 015 ***150.00

DOCUMENT # 521601

1. Entity Name

BLUE HORIZON MOBILE HOME PARK, INC.

Principal Place of Business

**5145 EAST BAY DRIVE
CLEARWATER FL 34624**

Mailing Address

**PO BOX 20003
ST PETERSBURG FL 33742
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5145 EAST BAY DRIVE

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State

Zip
33764

Country
PINELLAS

Zip

Country

4. FEI Number **59-1706720**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELCH, LEON O.
210 SAND KEY ESTATES DRIVE
CLEARWATER FL 33767**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE **X**

SEC/TREASURER

2/20/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WELCH, LEON O.**
STREET ADDRESS **5145 EAST BAY DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **WELCH, LEON O.**
STREET ADDRESS **210 SAND KEY ESTATES DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **STD** ☐ Delete
NAME **WELCH, LINDA S.**
STREET ADDRESS **5145 EAST BAY DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **S/T/M** ☒ Change ☐ Addition
NAME **WELCH, LINDA S.**
STREET ADDRESS **210 SAND KEY ESTATES DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: X Linda S. Welch LINDA S. WELCH, SEC/TREASURER 2/20/2002 (727) 521-2438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)