

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90227 015 ***150.00

DOCUMENT # 521649

1. Entity Name

HONEYVINE MOBILE HOME PARK, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

465 ULMERTON ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 20003

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

ST. PETERSBURG, FL

Zip

33771

Country

PINELLAS

Zip

33742

Country

PINELLAS

4. FEI Number

59-1706717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LINDA S. WELCH

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

210 SAND KEY ESTATES DRIVE

CLEARWATER

City

CLEARWATER

FL

Zip Code

33767

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P/D

WELCH, LEON O.

210 SAND KEY ESTATES DRIVE
CLEARWATER, FL 33767

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S/T/D

WELCH, LINDA S.

210 SAND KEY ESTATES DRIVE
CLEARWATER, FL 33767

TITLE

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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda S. Welch*

LINDA S. WELCH, SEC/TREAS

2/06/2003

(727) 521-2438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)