

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90373 022 \*\*\*150.00

**DOCUMENT # 216584**

1. Entity Name  
**SILVER PALM MOBILE PARK INC**

Principal Place of Business <b>14390 MUSTANG TRAIL                  FT. LAUDERDALE FL 33330                  US</b>	Mailing Address <b>14390 MUSTANG TRAIL                  FT. LAUDERDALE FL 33330                  US</b>
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2. Principal Place of Business <b>14390 MUSTANG TRAIL</b> Suite, Apt. #, etc.	3. Mailing Address <b>14390 MUSTANG TRAIL</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>FT LAUDERDALE, FLA</b>	City & State <b>FT LAUDERDALE, FLA</b>
Zip <b>33330</b>	Country <b>USA</b>
Zip <b>33330</b>	Country <b>USA</b>

4. FEI Number <b>59-0931877</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GREFE, WILLIAM  
 14390 MUSTANG TRAIL  
 FT LAUDERDALE FL 33330**

7. Name and Address of New Registered Agent

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

SIGNATURE *William Grefe* **WILLIAM GREFE** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DORN, JOSEPH K</b> <b>3079 CASHILL BLVD</b> <b>RENO NV 89509</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST *</b> <b>GREFE, WILLIAM</b> <b>14390 MUSTANG TRAIL</b> <b>FT. LAUDERDALE FL 33330</b> <input checked="" type="checkbox"/> Delete <i>* NOW PRESIDENT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP *</b> <b>GREFE, GRACE L</b> <b>14390 MUSTANG TRAIL</b> <b>FT. LAUDERDALE FL 33330</b> <input checked="" type="checkbox"/> Delete <i>* NOW SEC-TRES</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>William Grefe</b> <b>14390 MUSTANG TRAIL</b> <b>FT LAUDERDALE FLA 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC-TRES</b> <b>GRACE L. GREFE</b> <b>14390 MUSTANG TRAIL</b> <b>FT. LAUDERDALE FLA 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES -</b> <b>VIRGINIA, E. DORN</b> <b>018 14390 MUSTANG TRAIL</b> <b>FT. LAUDERDALE FLA 33330</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Grefe* **WILLIAM GREFE** DATE **7-02-02** Daytime Phone # **954-6802195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

B0127579

## Silver Palm Mobile Park

July 2, 2002

#  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Fla. 32302-1500

Attachment  
Re: 216584

As per our conversation with one of your personnel (at 850-488-9000), this letter will confirm that the enclosed is the first correspondence we have received from you this year.

Enclosed please find a check in the amount of \$150.00 and the 200Z (UBR).

Thank you.

Sincerely,

Silver Palm Mobile Park.

By: William Grefe, Pres.  
954-680-2195

