

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


FILED
Jun 12, 2003 8:00 am
Secretary of State

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05-21-2003 90397 001 *****8.75
05-21-2003 90397 002 ***150.00

DOCUMENT # 216584 (L)

1. Entity Name
SILVER PARK MOBILE PARK, INC.



DO NOT WRITE IN THIS SPACE

55047694

2. Principal Place of Business
14390 MUSTANG TR

3. Mailing Address
14390 MUSTANG LN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

Zip
33330

Country
BROWARD

Zip
33330

Country
BROWARD

4. FEI Number
59-1369425

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WILLIAM GREFE

Street Address (P.O. Box Number is Not Acceptable)
14390 MUSTANG TRAIL

City FT. LAUDERDALE FL Zip Code 33330

B. 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 DATE 5-15-03

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

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$450.00
Amended UBR is \$81.25
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	<u>PRESIDENT</u> <u>WILLIAM GREFE</u> <u>14390 MUSTANG TRAIL</u> <u>FT. L 33330</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sec Tres</u> <u>GRACE L GREFE</u> <u>14390 MUSTANG TRAIL</u> <u>FT. L 33330</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VICE PRESIDENT</u> <u>LORRAINE GREFE</u> <u>14390 MUSTANG TRAIL</u> <u>FT. L 33330</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 an other like empowered.

SIGNATURE: William Grefe Pres WILLIAM GREFE Date 6-9-03 **FINAL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)