

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2002 90075 050 ***150.00

0186698 AV

DOCUMENT # 238881

1. Entity Name
ORANGE BROOK MOBILE HOME ESTATES INC

Principal Place of Business
1447 SOUTH PARK RD
HOLLYWOOD FL 33021

Mailing Address
P.O. BOX 814510
HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0918512**

Applied For
 Not Applicable

Zip Country

Zip Country

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

SMITH, CHARLES E
2041 NW 108 AVE
HOLLYWOOD, FL 33026

Name **CHARLES R Smith**

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

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 **ST** ☐ Delete
 NAME **SMITH, CYNTHIA**
 STREET ADDRESS **1447 S. PARK RD.**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SMITH, CHARLES R.**
 STREET ADDRESS **2041 NW 108 AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **SMITH, CHARLES**
 STREET ADDRESS **1447 S PARK RD**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☒ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **Smith, Charles**
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **SMITH, CONNIE J.**
 STREET ADDRESS **9103 LANSHIRE DR.**
 CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Ix empowered.

SIGNATURE:

Charles R Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 (954) 989-4772
 Date Daytime Phone #

CR2E034 (9/01)