

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0125597 AV

**DOCUMENT # 416398**

1. Entity Name

**SU-RENE MOBILE HOME PARK INC**

03-29-2002 91393 022 \*\*\*150.00

Principal Place of Business

**810 8TH STREET**  
**#52**  
**VERO BEACH FL 32962**  
**US**

Mailing Address

**810 8TH STREET**  
**#52**  
**VERO BEACH FL 32962**  
**US**

2. Principal Place of Business

**810 8th St**  
**#52**

3. Mailing Address

**Same as 2**

City & State

**VERO BEACH FL**

City & State

**Same as 2**

4. FEI Number

**59-1460366**

Applied For

Not Applicable

Zip

**32962**

Country

**Indian River**

Zip

**Same as 2**

Country

**US**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOYOSIAN, RICHARD P**  
**2041 14TH AVE**  
**VERO BEACH FL 32960**

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.

SIGNATURE **RICHARD BOYOSIAN**

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

TITLE **PVST**  
NAME **DONATELLI, IRENE**  
STREET ADDRESS **810 8TH ST # 52**  
CITY-ST-ZIP **VERO BEACH FL 32962**

☐ Delete

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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**SIGNATURE REQUIRED**

**Irene Donatelli** **3/21/02** **772-567-4956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)