

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90379 043 ***150.00

DOCUMENT #418537

1. Entity Name
SUBURBAN ESTATES, INC.



Principal Place of Business
2208 S.E. 8TH AVENUE
P.O. BOX 131
OKEECHOBEE, FL 34973

Mailing Address
2208 S.E. 8TH AVENUE
P.O. BOX 131
OKEECHOBEE, FL 34973

2. Principal Place of Business
2209 SE 8TH AVE, P.O. BOX 131

3. Mailing Address
P.O. BOX 131

City & State

Zip Country



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

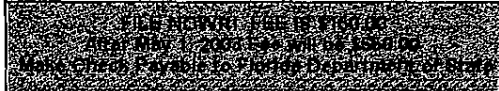
PEARSON, FRANKIE Z
2209 S.E. 8TH AVENUE, P.O. BOX 131
OKEECHOBEE, FL 34973

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when withdrawing.)



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	PD ATTAWAY, JAMES O. 810 SE 6TH STREET OKEECHOBEE, FL 34974	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEARSON, FRANKIE Z 2209 SE 8TH AVENUE OKEECHOBEE, FL 34973	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTLER, GEORGE H. RT 5 BOX 413B RUTHERFORD, NC 28139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1007 COLUMBUS, N.C. 28722	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Frankie Z. Pearson **FRANKIE Z. PEARSON** 4/14/03 863-763-445304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Phone #

863-763-3256

CR2E034 (10/02)