

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 022 ***150.00

DOCUMENT # 545911

1. Entity Name
Hollywood Mobile Home and Travel
Park Inc.



DO NOT WRITE IN THIS SPACE

90026779

2. Principal Place of Business
2301 SW 59th Ave

3. Mailing Address
1950 S. Ocean Drive

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.
4 P

City & State
Hollywood, FL

City & State
Hallandale, Fl.

4. FEI Number
59-1769498

Applied For
Not Applicable

Zip
33023

Country
U.S.

Zip
33009

Country
U.S.

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Schlichte, Ray A Jr

Street Address (P.O. Box Number is Not Acceptable)
5720 Harding St

City
Hollywood

FL

Zip Code
33021

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PD
Lax, Margot
1950 S. Ocean Drive # 4P
Hallandale FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Schlichte, Ray A., Jr
2134 Hollywood Blvd
Hollywood Fl.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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 all other like empowered.

SIGNATURE: *Margot Lax* MARGOT LAX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

Daytime Phone #

CR2E034B (12/02)