2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 629491** 1. Entity Name PARK AVENUE MOBILE PARK, INC. 01-19-2000 90267 016 ***150.00 Principal Place of:Business Mailing Address 2545 PARK DRIVE 2545 PARK DRIVE SANFORD FL 32773-5162 SANFORD FL 32773 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1938189 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7._ Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DASKAM; WILLIAM Street Address (P.O. Box Number is Not Acceptable) 2545 PARK DRIVE SANFORD, FL 32773 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete DASKAM, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 104 PINE VALLEY COURT. CITY-ST-ZIP CITY-ST-ZIP DEBARY FL ☐ Change Addition ☐ Defete TITLE DASKAM, WILLIAM, III NAME NAME STREET ADDRESS 104 PINE VALLEY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DE'BARY FL Addition Delete TITLE TITLE DAY, DEBORAH NAME NAME STREET ADDRESS 121-PIC TREE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition ☐ Delete TITLE TITLE DASKAM, WILLIAM, IV NAME NAME STREET ADDRESS 2992 BRADFORD CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P PALM HARBOR FL 34685 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME The second of the second . . .

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR