2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

828195 DOCUMENT

1. Entity Name

OLD PARK INVESTMENTS, INC.

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Apr 15, 2003 8:00 am \$ Secretary of State **FILED**

04-15-2003 90121 006 ***150.00

			A GOO WE I		
Principal Place of Business 1936 HARBORTOWN DRIVE FT.PIERCE FL 34946-1446 Mailing Address 1936 HARBORTOWN DRIVE FT.PIERCE FL 34946-1446					
2. Principal P	Place of Business	3. Mailing Address		T EEDING FOOD FEDOL EADLY AND TOTAL BIRTH	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	е	City & State		4. FEI Number 38-1812091 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
HEFFLEBOWER,DAVID L 1936 HARBORTOWN DR		Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)		
FT.PIERCE	FL 34946		City	FL Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent		registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept rerequired when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEFFLEBOWER,DAVID L 1936 HARBORTOWN DRIVE FT.PIERCE FL 34946-1446	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEFFLEBOWER,BARBARA 1936 HARBORTOWN DRIVE FT.PIERCE FL 34946-1446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	955istant Vice Aresident Change Addition JAN Chove A 1936e Harbo-Town Dr. Ft Pierce, FC 34946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ` ☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 607, 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:

Daytime Phone #