

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F18459

1. Entity Name

CLAIR MAR MOBILE HOME PARK, INC.

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90032 028 ***150.00

0472579 AV

Principal Place of Business

HWY. 27, BOX 2317, LOT #9
HWY 27
DAVENPORT FL 33837

Mailing Address

2317 US HWY 27N
LOT 9
DAVENPORT FL 33837



2. Principal Place of Business

118 CLAIRMAR CIR

Suite, Apt. #, etc.

U.S. HWY 27

City & State

DAVENPORT, FL

Zip

33837

Country

3. Mailing Address

118 CLAIRMAR CIR

Suite, Apt. #, etc.

U.S. HWY 27

City & State

DAVENPORT, FL

Zip

33837

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2168277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDWICK, KELLY B. III
341 WEST DAVIDSON ST.
SUITE 301
BARTOW FL 33830

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

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	DS	<input type="checkbox"/> Delete
NAME	THELEN, PATRICK	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-ST-ZIP	FOWLER, MICHIGAN 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOAK, MARY JANE	
STREET ADDRESS	8475 PRICE ROAD	
CITY-ST-ZIP	ST JOHNS, MICHIGAN 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	THELEN, CHRIS	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-ST-ZIP	FOWLER, MICHIGAN 00000	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THELEN, CLAIR L	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-ST-ZIP	FOWLER, MICHIGAN 00000	
TITLE	DT	<input type="checkbox"/> Delete
NAME	THELEN, MARGARET	
STREET ADDRESS	9915 W COLONY ROAD	
CITY-ST-ZIP	FOWLER, MICHIGAN 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 a address, with all other persons empowered.

SIGNATURE: *CLAIR L THELEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14/02 863-424-7874

Date

Daytime Phone #

CR2E034 (9/01)