

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90069 047 ***150.00

DOCUMENT # F92184

1. Entity Name
SHARP'S MOBILE HOME PARK, INC.



Principal Place of Business
**5620-1 LAKE LIZZIE DR.
ST CLOUD FL 34771
US**

Mailing Address
**5620-1 LAKE LIZZIE DR.
ST CLOUD FL 34771
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2243337

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARP, ELIZABETH
5620-1 LAKE LIZZIE DR.
SAINT CLOUD FL 34771**

Name **ALVIN R SHARP JR**
Street Address (P.O. Box Number is Not Acceptable)
5620-1 LAKE LIZZIE DR
City **ST CLOUD** FL **34771**

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 *Alvin R. Sharp*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **SHARP JR, ALVIN R**
STREET ADDRESS **5620-1 LAKE LIZZIE DR.**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **P/D** ☐ Change ☒ Addition
NAME **ALVIN R SHARP JR**
STREET ADDRESS **5620-1 LAKE LIZZIE DR**
CITY-ST-ZIP **ST CLOUD FLORIDA 34771**

TITLE **PS** ☒ Delete
NAME **SHARP, ELIZABETH**
STREET ADDRESS **5620-1 LAKE LIZZIE DR.**
CITY-ST-ZIP **ST CLOUD FL**

TITLE **S/D** ☐ Change ☒ Addition
NAME **ELIZABETH SHARP**
STREET ADDRESS **5620-1 LAKE LIZZIE DR**
CITY-ST-ZIP **ST CLOUD FLORIDA 34771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/D** ☐ Change ☒ Addition
NAME **SUSAN SHARP**
STREET ADDRESS **5620-1 LAKE LIZZIE DR**
CITY-ST-ZIP **ST CLOUD FLORIDA 34771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Alvin R. Sharp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03
Date

407-957-2210
Daytime Phone #

CR2E034 (10/02)