

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G44701 1. Entity Name FOREST GLEN LODGES, INC.				11033792																																																							
Principal Place of Business FOREST GLEN LODGE 7435 PLATHE RD NEW PORT RICHEY, FL 34653 US		Mailing Address C/O BARBARA J. MASCO 967 PINE HILL ROAD PALM HARBOR, FL 34683-014 US		 CHECK HERE IF MAKING CHANGES ☒																																																							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address c/o L. Todd Masco 2007 Brinson Road #5103 City & State Lutz, FL Zip Country 33558 US																																																									
4. FEI Number 58-2433439		Applied For Not Applicable																																																									
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required																																																									
6. Name and Address of Current Registered Agent MASCO, BARBARA J 967 PINE HILL ROAD PALM HARBOR, FL 34683			7. Name and Address of New Registered Agent Name Masco, Leslie Todd Street Address (P.O. Box Number is Not Acceptable) 2007 Brinson Road #5103 City Lutz State FL Zip Code 33558																																																								
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 <u><i>Leslie Todd Masco</i></u> DATE <u>4/30/2003</u> Signature of officer or director of registered agent and life 7 days/5 cents. (NOTE: Registered Agent signature required when submitting)																																																											
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>DPS</td> <td>MASCO, BARBARA J 967 PINE HILL RD PALM HARBOR, FL</td> <td></td> <td>B</td> <td>Masco, Barbara J 2717 Seville Blvd, Apt 12204 Clearwater, FL 33765-1188</td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td>P</td> <td>Masco, Leslie T 2007 Brinson Road #5103 Lutz, FL 33558</td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td>S</td> <td>Joanna Horodecka 3474 Killdeer Place Palm Harbor, FL 34685</td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>☐ Delete</td> <td></td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP		DPS	MASCO, BARBARA J 967 PINE HILL RD PALM HARBOR, FL		B	Masco, Barbara J 2717 Seville Blvd, Apt 12204 Clearwater, FL 33765-1188			☐ Delete		P	Masco, Leslie T 2007 Brinson Road #5103 Lutz, FL 33558			☐ Delete		S	Joanna Horodecka 3474 Killdeer Place Palm Harbor, FL 34685			☐ Delete						☐ Delete						☐ Delete						☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u><i>Leslie Todd Masco</i></u> DATE: <u>4/30/2003</u> FEE: <u>777-415-4402</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																											

CR2004 (10/02)