

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 033 ***150.00

001210 AV

DOCUMENT # G70824

1. Entity Name

PONDEROSA TRAILER PARK, INC.



Principal Place of Business

5873 S US HWY 1

A-10

BUNNELL FL 32110

Mailing Address

5873 S US HWY 1

A-10

BUNNELL FL 32110

2. Principal Place of Business

5873 S. U.S. Hwy. 1

Suite, Apt. #, etc.

PO Box 2744

City & State

BUNNELL, FL

Zip

32110

Country

USA

3. Mailing Address

5873 S. U.S. Hwy. 1

Suite, Apt. #, etc.

PO Box 2744

City & State

BUNNELL, FL

Zip

32110

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2412601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D.

4 N. OLD KINGS RD., SUITE B

PALM COAST FL 32037

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ADAMS, CORA L
5873 S US HWY 1, A-10
BUNNELL FL 32110

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
NIPPER, NADINE
308 SOUTH FERN STREET
SAN MATEO FL 32187

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
THOMPSON, BESSIE
510 CR 330
BUNNELL FL 32110

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DT
ADAMS, CORA L. (5873 S. U.S. Hwy. 1)
P.O. Box 2744
BUNNELL, FL 32110-2744

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

CORA L ADAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2003

Date

386 437-3507

Daytime Phone #

CR2E034 (10/02)