2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 26, 2002 8:00 am Secretary of State H14348 DOCUMENT # 1. Entity Name PINE FOREST MOBILE HOME PARK, INC. 02-26-2002 90049 035 ***150.00 Principal Place of Business Mailing Address 1316 NEORF P O BOX 159 BUNNELL FL 32110 **BUNNELL FL 32110** US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2525022 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Palmetto Charter Services, HORROX, JOSEPH MICHAEL Street Address (P.O. Box Number is Not Acceptable) 150 Magnolia Avenue 404 S. CENTRAL AVE. FLÄGLER BEACH FL 32136 Zip Code 32114 Davtona Beach 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002: Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE Delete lees, george R. NAME 23 CEDARFIELD CT STREET ADDRESS STREET ADDRESS PALM COAST FL 32035 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition PEAVY, SHIRLEY NAME NAME NORTH HIGHWAY A1A STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL 32136 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

ATTACHMENT

LAW OFFICES

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February 11, 2002

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*ADMITTED IN WI ONLY

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CERTIFIED MAIL
RETURN RECEIPT REQUESTED
RECEIPT NO. 7001 1140 0001 1086 0251

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Pine Forest Mobile Home Park, Inc.

Dear Sir or Madam:

Enclosed for your attention are the following:

- 1. 2002 Uniform Business Report for Pine Forest Mobile Home Park, Inc.
- 2. Our Check in the amount of One Hundred Fifty and 00/100 (\$150.00) for the filing fees

Please file the enclosed UBR and confirm such by placing your received stamp on the enclosed copy of this letter and returning it to the attention of the undersigned in the envelope provided.

Please call me if you have any questions.

Thank you for your assistance.

Sincerely,

Brenda L. Knott

Certified Legal Assistant

/blk

Enclosures

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