

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

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

03-05-2003 90082 009 ***150.00

DOCUMENT # J21938

1. Entity Name
SCHALAMAR CREEK MOBILE HOME SALES, INC.



Principal Place of Business
4500 U.S. 92 EAST
SUITE 1030
LAKELAND FL 33801

Mailing Address
4500 U.S. 92 EAST Suite 1030
LAKELAND FL 33801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2783279**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNAPP, RANDALL L.
4500 HWY. 92 EAST
SUITE 1030
LAKELAND FL 33801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KNAPP, RANDALL L.
STREET ADDRESS 4500 HWY. 92 EAST
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS add Suite 1030
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME KNAPP, DONALD O.
STREET ADDRESS 4500 HWY. 92E.
CITY-ST-ZIP LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS add Suite 1030
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME KNAPP, MERLYN V.
STREET ADDRESS 2020 ARIANA BLVD.
CITY-ST-ZIP AUBURNDALE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4500 Hwy 92E, Suite 1030
CITY-ST-ZIP Lakeland, FL 33801

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL L. KNAPP, PRESIDENT

3/3/03

Date

(863) 665-0185
Daytime Phone #

CR2E034 (10/02)