


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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90050 025 ***150.00

DOCUMENT # J44023

1. Entity Name
MORNINGSIDE R.V. ESTATES, INC.



Principal Place of Business
**12645 MORNING DR
DADE CITY FL 33525
US**

Mailing Address
**7102 JASON DR
ZEPHYRHILLS FL 33541
US**

JUL10760



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
12645 Morning Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Dade City FL

Zip Country
33526 USA

4. FEI Number **59-3127593**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAVERLOCK, JOSEPH L.
7102 JASON DRIVE
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

Name **Mark Haverlock**

Street Address (P.O. Box Number is Not Acceptable)
18116 Antietam Ct.

City **Tampa, FL** Zip Code **33647**

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 *Joseph L Haverlock* (NOTE: Registered Agent signature required when reinstating) DATE *Mar 28/03*

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT MCGILLIAN, F 12645 MORNING SIDE DR, 123 DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FRIEND, R H LOT 236-37615 BEACHCREST LN ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Friend, R H Box 61 Pittsfield, ME. 04967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Witwer, Timothy M.D. 304 Breeswood Dr. Elizabeth City, NC. 27909	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Haverlock, MARK 18116 Antietam Ct. Tampa, FL. 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Haverlock* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3/03 352 523 1922 Date Daytime Phone #

CR2E034 (10/02)