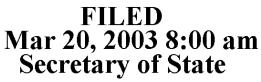
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42640



1. Entity Name PINE HAVEN MOBILE HOME PARK, INC.				03-20-2003 90164 007 ***150.00
Principal Place of Business C/O ROBERT K. RUGGLES, III 240 NORTH WASHINGTON BLVD, SUITE 311 SARASOTA FL 34236		Mailing Address C/O ROBERT K. RUGGLES, III 240 NORTH WASHINGTON BLVD. SUITE 311 SARASOTA FL 34236		1 2010/12 Dit Dieda (ind entre dien dien dien einer einer einer einer einer einer
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		☐ CHECK HERE IF MAKING CHANGES
				4. FEI Number 65-0085260 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	nt Registered Agent	Name	Fee Required 7. Name and Address of New Registered Agent
FOURNIER, ROBERT M., ESQ. 1800 SECOND STREET			Street Addres	ss (P.O. Box Number is Not Acceptable)
SUITE 806 SARASOTA FL 34236			City	FL Zip Code
SIGNATURE F Afte Make Chec		nt and title if applicable. (NOTE	:: Registered Agent signature requi	tered agent, or both, in the State of Florida. I am familiar with, and accept DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees
TITLE* NAME STREET ADDRESS	D RUGGLES, ROBERT K. III 240 N. WASHINGTON BLVD.	D DIRECTORS Delete	11. TITLE NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA FL	☐ Defete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET AODRESS TY-ST-ZIP 2. I hereby ce	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ction 119.07(3)(i), Florida Statutes Liturther 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/15/03

941-955-8338