

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90046 023 ***150.00

0119704

DOCUMENT # M92335

1. Entity Name

PINE & PALM TRAILER PARK, INC.

Principal Place of Business

1216 20TH TERRACE
 KEY WEST FL 33040
 US

Mailing Address

1216 20TH TERRACE
 KEY WEST FL 33040
 US

932178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6620 MALONEY AVE

Suite, Apt. #, etc.

LOT # 14

3. Mailing Address

6620 MALONEY AVE

Suite, Apt. #, etc.

LOT # 14

City & State

KEY WEST, FL.

City & State

KEY WEST, FL.

4. FEI Number

65-0101942

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSWELL, CHARLES
98 DRIFTWOOD DRIVE
KEY WEST FL

7. Name and Address of New Registered Agent

Name

ROSWELL, CHARLES

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

6620 MALONEY AVE

LOT # 14

City

KEY WEST

FL

Zip Code

33040

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ROSWELL, CHARLES**
 STREET ADDRESS **1216 20TH TERRACE**
 CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **NANCY ROSWELL**
 STREET ADDRESS **6620 MALONEY AVE LOT 14**
 CITY-ST-ZIP **KEY WEST, FL. 33040**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES ROSWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/2001

Daytime Phone #

305 294 6769

CR2E034 (10/00)