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

DOCUMENT # *N980000002931*

1. Entity Name

Holiday R.V. and Mobile Home Park, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7515 December Dr.

Suite, Apt. #, etc.
Club House.

City & State
Port Richey, Fl.

Zip *34668* Country *Pasco*

3. Mailing Address
7515 December Dr.

Suite, Apt. #, etc.
Office

City & State
Port Richey, Fl.

Zip *34668* Country *Pasco*

DO NOT WRITE IN THIS SPACE

4. FEI Number _____ | Applied For ☐ / Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name *Natalie Monfreda*

Street Address (P.O. Box Number is Not Acceptable) *7552 Clover Dr.*

City *Port Richey Fl. 34668* 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. *NATALIE MONFREDA Reg. agent*

SIGNATURE *Natalie Monfreda* (NOTE: Registered Agent signature required when reinstating) *May 1, 2003* DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25 ➡
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	*Natalie Monfreda (President)* *7552 Clover Dr* *Port Richey, FL 34668*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Reg. Agent* *(Same as above)*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Secretary* *Tami Hall* *7508 Copper Lane* *Port Richey, FL 34668*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*Treasure* *Dewaye Smith* *7508 Copper Lane* *Port Richey, FL 34668*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*President* *Natalie Monfreda* *7552 Clover Dr.* *Port Richey, Fl, 34668*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Tami J. Hall* Tami J. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.03 Date *727.848.6892* Daytime Phone #

CR2E034B (12/02)