

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90239 011 ***150.00

DOCUMENT # P00000041711

1. Entity Name

TREMBLING ACRES ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

890 Avenida Central

Suite, Apt. #, etc.

3. Mailing Address

890 Avenida Central

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lady Lake, Florida

City & State

Lady Lake, Florida

4. FEI Number

59-3641173

Applied For

Not Applicable

Zip

32159

Country

US

Zip

32159

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert K. Runk

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

890 Avenida Central

City

Lady Lake

FL

Zip Code

32159

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

Robert K. Runk

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/02

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PS

Runk, Robert K.

890 Avenida Central

Lady Lake, Florida 32159

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT

Roy, Steven M.

976 Del Mar Drive

The Villages, Florida 32159

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Robert K. Runk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/2/02

DAYTIME PHONE #

(352) 753-0073

CR2E034B (12/01)