2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000079547

1. Entity Name

PHEASANT RUN NORTH, INC.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90125 019 ***150.00

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MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP VD GRANT, EDWARD R STREET ADDRESS CITY-ST-ZIP VD GRANT, EDWARD R STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP SD MEHEGAN, THOMAS R 441 WOODSTOCK DRIVE PORT ORANGE FL 32127 ITILE MAME STREET ADDRESS CITY-ST-ZIP IT	3018 S PEN DAYTONA B	Address PENINSULA DR NA BEACH SHORES FL 32118								AND TOLON ONLY			
City & State Country Country Sp-3671639 Se-75 Additional Fee Required Fee Requir	2. Principal	Place of Business	3. Mailing Address										
Zip Country 59-3671639 Applied For Involved Special	Suite, Apr	i. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Street Accross (PO. Box Number is Not Acceptable) Street Accross (City & Sta	& State City & State				 .	4.	. FEI Number	59-3671				
SCOTT, GEORGE C 3018 S PENINSULA DR DAYTONA BEACH SHORES FL 32118 City 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 chilipadarlors of registered agent and the flagstatus. (Indie hagelines Agent signature research when vertaining) FILE NOW!!! FEL S150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$55	Zip		Zip Cor			try	5.	. Certificate o	ed [\$8.75 Additional			
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	12. I hereby ce	ertify that the information supplied with t	hie filipa desc	not qualify far t									

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: Zer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEGENTE QUIFGEORGE C. Scott, PD

2-20-03

Date

386-761-4884

Daytime Phone #