

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90029 002 \*\*\*150.00

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| <b>DOCUMENT #</b> P00000111315               |
| 1. Entity Name<br><b>ORBIT RV PARK, INC.</b> |

|  |  |
|--|--|
| Principal Place of Business<br><b>3860-3880 US HWY 1<br/>Grant, FL 32949</b> | Mailing Address<br><b>3860-3880 US HWY 1<br/>Grant, FL 32949</b> |
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|  |  |
|--|--|
| 2. Principal Place of Business<br><b>3860-3880 US HWY 1</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>3860-3880 US HWY 1</b><br>Suite, Apt. #, etc. |
|--|--|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>Garnt, Florida</b> | City & State<br><b>Grant, Florida</b> |
| Zip<br><b>32949</b>                   | Country<br><b>Brevard</b>             |

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3686333</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**659399**

DO NOT WRITE IN THIS SPACE

|   |                             |
|---|-----------------------------|
| 6. Name and Address of Current Registered Agent   |                             |
| Name<br><b>Waclaw Wieckowski</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>120 E. State Street, Ste 101</b> |                             |
| City<br><b>Oldsmar</b>  | Zip Code<br><b>FL 34677</b> |

|   |                             |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent   |                             |
| Name<br><b>Waclaw Wieckowski</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>120 E. State Street, Ste 101</b> |                             |
| City<br><b>Oldsmar</b>  | Zip Code<br><b>FL 34677</b> |

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 / Waclaw Wieckowski DATE 04/17/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br>(See criteria on back) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>HENRYK PODSIEDLIK</b><br><b>3860 US HWY 1</b><br><b>GRANT, FL 32949</b><br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>GRAZYNA PUCZYNSKA</b><br><b>3860 US HWY 1</b><br><b>GRANT, FL 32949</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Henryk Podsiedlik* **HENRYK PODSIEDLIK** DATE 04/17/2001 (321) 768-1925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)