

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90195 007 ***150.00

DOCUMENT # *P01000075247*

1. Entity Name

Blue Skies Mobile Village, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3151 S Ridgewood Ave

Suite, Apt. #, etc.

3. Mailing Address

29450 Old N. River Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

South Daytona, FL

City & State

Harrison Twp. ME

4. FEI Number

59-3739911

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

48045

Country

USA

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

Gerald Rumpitz

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

104 Solganee

City

Palm Coast

FL

Zip Code

32169

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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	<i>President Leonard Smith 29450 Old N. River Rd Harrison Twp. ME 48045</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary / Treasurer Denise Smith 29450 Old N. River Rd Harrison Twp. ME 48045</i>	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:

Denise Smith Denise Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

313-833-2858

Daytime Phone #

CR2E034B (12/02)