

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 19 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000075247*

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 Road*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*South Daytona, FL*

City & State

*Harrison Twp. Michigan*

4. FEI Number

*59-373 911*

☒ Applied For

☐ Not Applicable

Zip

*32119*

Country

*USA*

Zip

*48045*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Gerald Rumpitz*

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

*104 Solganeer*

City

*Palm Coast*

**FL**

Zip Code

*32164*

**DO NOT WRITE  
IN THIS SPACE**

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  
*P  
Leonard Smith  
29450 Old N. River Rd.  
Harrison Twp. Michigan 48045*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*SIT  
Denise Smith  
29450 Old N. River Road  
Harrison Township, Michigan 48045*

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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

*4-29-03 313-833-2858*

Date

Daytime Phone #

CR2E034B (12/02)