

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-03-2003 90053 049 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098261

1. Entity Name
PINE RIDGE TRAVEL TRAILER PARK INC.



Principal Place of Business
4271 S.W. 12TH ST.
PLANTATION FL 33317

Mailing Address
4271 S.W. 12TH ST.
PLANTATION FL 33317



2. Principal Place of Business
4271 SW 12TH ST

3. Mailing Address
16790 75TH AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION FL

FL

Zip
33317

Country
U.S.A.

Zip
33418

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3565588

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRASAD, DEOCHAND
16790 75TH AVENUE N
PALM BEACH GARDENS FL 33418

Name
DEOCHAND PRASAD
Street Address (P.O. Box Number is Not Acceptable)
16790 75TH AVE N
P.B.G. FL
City
FL
Zip Code
33418

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D PRASAD, DEOCHAND
STREET ADDRESS
16790 75TH AVENUE N
CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
D PRASAD, ANGELICA
STREET ADDRESS
16790 75TH AVENUE N
CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03

Date

561 748 5213

Daytime Phone #

CR2E034 (10/02)