

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90101 032 ***150.00

DOCUMENT # P02000007888

1. Entity Name
TEN MILE POND CORPORATION



Principal Place of Business
327 NORTH HERNANDO STREET
LAKE CITY FL 32055

Mailing Address
POST OFFICE DRAWER 1707
LAKE CITY FL 32956

2. Principal Place of Business
2806 West U.S. Highway 90

3. Mailing Address
2806 West U.S. Highway 90

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

City & State
Lake City, Florida

City & State
Lake City, Florida

4. FEI Number
04-3681337

Applied For
Not Applicable

Zip
32055

Country
USA

Zip
32055

Country
USA

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

6. Name and Address of Current Registered Agent

S. AUSTIN PEELE
327 NORTH HERNANDO STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name
DANIEL CRAPPS
Street Address (P.O. Box Number is Not Acceptable)
2806 W US 90
SUITE 101
City
LAKE CITY **FL** **Zip Code**
32055

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 **2/27/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	NAME S. AUSTIN PEELE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 327 NORTH HERNANDO STREET	CITY-ST-ZIP LAKE CITY FL 32055	
TITLE D, P	NAME Daniel Crapps	<input type="checkbox"/> Delete
STREET ADDRESS 2806 U.S. Highway 90 West, Suite 101	CITY-ST-ZIP Lake City, Florida 32055	
TITLE D, S, T	NAME J. Ardene Wiggins	<input type="checkbox"/> Delete
STREET ADDRESS P.O. Box 1854	CITY-ST-ZIP Alachua, Florida 32615	
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete
STREET ADDRESS 	CITY-ST-ZIP 	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** **DANIEL CRAPPS** **2/27/03** **386-755-5710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)