

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90122 037 ***150.00

DOCUMENT # P02000070222

1. Entity Name
SHADY OAKS RV & MOBILE HOME PARK, INC.



Principal Place of Business
**101 SHADYOAKS LANE
OLD TOWN FL 32680**

Mailing Address
**101 SHADYOAKS LANE
OLD TOWN FL 32680**



2. Principal Place of Business

3. Mailing Address

H.C.B. Box 490

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OLD TOWN

☐ CHECK HERE IF MAKING CHANGES

City & State

OLD TOWN

City & State

FL.

4. FEI Number

010735000

Applied For

Not Applicable

Zip

32680

Country

Dixie

Zip

32680

Country

Dixie

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

**IWANOWSKI, TANYA
HC3 BOS 348
OLD TOWN FL 32680**

Name

TANYA IWANOWSKI

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

101 SHADY OAKS LANE

OLD TOWN

City

FL

Zip Code

32680

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

Tanya Iwanowski

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Delete
NAME
STREET ADDRESS **101 Shady Oaks Lane**
CITY-ST-ZIP **Victor Iwanowski**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice Pres** ☐ Delete
NAME
STREET ADDRESS **Tanya Iwanowski**
CITY-ST-ZIP **101 Shady Oaks Lane**
OLD TOWN FL 32680

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Tanya Iwanowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-03 352 498 7276

CR2E034 (10/02)