2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P92000015513 1. Entity Name HIGHLAND OAKS MOBILE HOME PARK, INC. 04-03-2001 90068 041 ***150.00 Principal Place of Business Mailing Address P.O. ROX-801 P.O. BOX 881 PINELLAS PARK FL 9466 PINELLAS PARK FL 34664 2. Principal Place of Business 604 Packar DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3156103 Not Applicable Country Count \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANSSEN, DUANE H Street Address (P.O. Box Number is Not Acceptable) 1626 38TH AVENUE NORTH ST. PETERSBURG FL 33713 Zio Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE NAME Packard Court, Suite A NAME BAKER, GERALD P STREET ADDRESS STREET ADDRESS P.O. BOX-891-N/A CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34864 TITLE ☐ Delete TITLE NAME NAME BAKER, KATHRYN STREET ADDRESS STREET ADDRESS 131 MONTEZUMA STREET CITY-ST-ZIP CITY-ST-7IP <u>LYONS NY 14489</u> TITLE ☐ Change ☐ Addition TITLE Delete NAME PERRY, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 28 DEPEW AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>LYONS NY 14489</u> TITLE ☐ Delete TITLE ☐ (hange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 recover of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.