2001 UNIFORM BUSINESS REPORT (UBR)

with an address with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P9300000133 1. Entity Name COUNTRY ACRES MOBILE HOME PARK, INC. 04-03-2001 90068 035 ***150.00 Principal Place of Business Mailing Address P.O. BOX 881 P.O. BOX 881 PINELLAS PARK FL 34864 PINELLAS PARK FL 34684 2. Principal Place of Business 3. Mailing Address Packard 604 **Fackard** Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite City & State 4. FEI Number Applied For 59-3156087 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.⇒Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name JANSSEN, DUANE H Street Address (P.O. Box Number is Not Acceptable) 1626 38TH AVENUE NORTH ST. PETERSBURG FL 33713 City Zíp Code FL 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. 12. Change Addition CR2E034 (10/00) ☐ Delete TITLE TITLE NAME NAME BAKER, GERALD P 604 Packard Court, Suite A Safety Harbor, FL 34695 STREET ADDRESS STREET ADDRESS P:O: BOX 881 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34664 TITLE ☐ Delete ☐ Addition TITLE D NAME NAME BAKER, KATHRYN STREET ADDRESS STREET ADDRESS 131 MONTEZUMA STREET CITY-ST-ZIP CITY-ST-ZIP **LYONS NY 14489** TITLE PD TITLE -- Change - [-] Addition Delete NAME PERRY, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 28 DEPEW AVENUE CITY-ST-ZIP CITY-ST-ZIP **LYONS NY 14489** TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE [] (hange 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 receive or 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