

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91110 027 ***150.00

DOCUMENT # *D93000042255*

1. Entity Name

Silver Lane Mobil Home Park



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3902 E Bloomingdale

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Valrico Fla

Zip

Country

Zip

Country

33574

HI/Isbony Co

4. FEI Number

FEIN NM. 59-3193538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Annie May Davidson Charles T Davidson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *Husband - President*
NAME *Charles T. Davidson*
STREET ADDRESS *3902 E Bloomingdale*
CITY - ST - ZIP *Valrico Fla 33574*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE *Wife - Vice President*
NAME *Annie May Davidson*
STREET ADDRESS *3902 E Bloomingdale Ave*
CITY - ST - ZIP *Valrico Fla - 33574*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Annie May Davidson Charles T Davidson March 14 2003 812.6846923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone