

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90008 020 \*\*\*550.00

**DOCUMENT # P94000025857**  
 1. Entity Name  
**COLONIAL MOBILE HOME PARK, INC.**

Principal Place of Business      Mailing Address  
**5595 E IRLO BRONSON HWY**      **5595 E IRLO BRONSON HWY**  
**LOT 58**      **LOT 58**  
**ST CLOUD FL 34771**      **ST CLOUD FL 34771**



2. Principal Place of Business      3. Mailing Address  
*Same*      *P.O. Box 482 968 Main St.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Lot 25*

DO NOT WRITE IN THIS SPACE

City & State      City & State  
*Same*      *Monetown, Ut.*

4. FEI Number      Applied For  
**59-3236350**       Not Applicable

Zip      Country      Zip      Country  
*Same*           *05660*      *WASHINGTON*

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

6. Name and Address of Current Registered Agent  
**DAZEY, RUSSELL**  
**5595 E IRLO BRONSON HWY**  
**LOT 58**  
**ST CLOUD FL 34771**

7. Name and Address of New Registered Agent  
 Name **MRS. Judith GRANDFIELD-Pres.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5595 E IRLO BRONSON HWY**  
**LOT 25**  
 City **St. Cloud**      State **FL**      Zip Code **34771**

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 *Judith Grandfield*      *President*      *8-31-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DAZEY, RUSSELL L</b> <b>5595 E IRLO BRONSON HWY</b> <b>ST CLOUD FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAZEY, JEWELL F</b> <b>5595 E IRLO BRONSON HWY</b> <b>ST CLOUD FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AIKENS, CLIFFORD W</b> <b>5595 E IRLO BRONSON HWY</b> <b>ST CLOUD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AIKENS, GWENDOLYN F</b> <b>5595 E IRLO BRONSON HWY</b> <b>ST CLOUD FL 34771</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GRANDFIELD, EUGENE A</b> <b>5595 E IRLO BRONSON HWY</b> <b>ST CLOUD FL 34771</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRANDFIELD, JUDITH A</b> <b>5595 E IRLO BRONSON HWY</b> <b>ST CLOUD FL 34771</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bought them out in 99</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bought them out in 99</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Passed away Feb. 2000</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>President</i> <i>Same address</i>

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 receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith Grandfield*      *President*      *802-496-3666*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)