**FILED**
**Apr 22, 2003 8:00 am**
**Secretary of State**
04-07-2003 90723 043 ***150.00

4/7/2

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081014

1. Entity Name
LEMON TREE VILLAS, INC

55029059

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8810 CR 561 | 8810 CR 561 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: CLERMONT, FL | City & State: CLERMONT, FL |
| Zip: 34711 Country: USA | Zip: 34711 Country: USA |

4. FEI Number: 593281200 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CLAUDE E SMOAK, JR

Street Address (P.O. Box Number is Not Acceptable): 8810 CR 561

City: CLERMONT FL Zip Code: 34711

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: Honey Jean Smoak, President HONEY JEAN SMOAK 4-12-03
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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE | PRES / SEC'Y / TREAS |
| NAME | HONEY JEAN SMOAK |
| STREET ADDRESS | 8810 CR 561 |
| CITY-ST-ZIP | CLERMONT, FL 34711 |
| TITLE | ~~STOCKHOLDER~~ |
| NAME | CLAUDE E. SMOAK, JR. |
| STREET ADDRESS | 8810 C.R. 561 |
| CITY-ST-ZIP | CLERMONT, FL 34711 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Honey Jean Smoak HONEY JEAN SMOAK 4-02-03 (352) 394-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1