

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000045636			
1. Entity Name THE PARKSIDE CORP. OF MT. DORA, INC.			
Principal Place of Business 555 HIGHLAND ST. MT. DORA, FL 32757		Mailing Address 555 HIGHLAND ST. 100 N. Alexander Street MT. DORA, FL 32757	
2. Principal Place of Business		3. Mailing Address 100 N. Alexander Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MT.	
Zip	Country	Zip	Country
32757		32757	USA
4. FEI Number 59-3320491		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KNAUST, WARREN J 2730 CENTRAL AVE SAINT PETERSBURG, FL 33712		Name Same - Address Change Only Street Address (P.O. Box Number is Not Acceptable) 2400 Southshore, S.E. City St. Petersburg FL Zip Code 33707	
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 _____ (NOTE: Registered Agent's Signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to: Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARGGREN, JAMES C 555 HIGHLAND ST. MT. DORA, FL 32757 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 N. Alexander St. MT. DORA, FL 32757 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: James C. Barggren		DATE: 4/30/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 352 383 4101 Ext 157	

CR2E034 (10/02)