

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90169 001 \*\*\*661.25

**DOCUMENT # P97000085296**  
 1. Entity Name  
**TOWN PARK ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**19 SYCAMORE CIR**      **19 SYCAMORE CIR**  
**ORMOND BEACH FL 32174**      **ORMOND BEACH FL 34174**  
**US**      **US**

91174

2. Principal Place of Business      3. Mailing Address  
**1221 Dunlawton Ave**      **P O Box 291338**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Pt. Orange**      City & State **Pt. Orange**  
 Zip **FL 32127**      Country **FL 32129**

4. FEI Number **59-3478032**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**OPALEWSKI, MICHAEL J**  
**19 SYCAMORE CIRCLE**  
**ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent  
 Name **Jerry S. Johnson, Sr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1221 Dunlawton Ave**  
 City **Port Orange** **FL** Zip Code **32127**

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      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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 JOHNSON, JERRY S</b> <input type="checkbox"/> Delete <b>P O BOX 291338</b> <b>PORT ORANGE FL 32129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JOBALIA, DIPAK</b> <input checked="" type="checkbox"/> Delete <b>846 RIVERSIDE DRIVE</b> <b>ORMOND BEACH FL 32176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST. OPALEWSKI, MICHAEL J</b> <input checked="" type="checkbox"/> Delete <b>19 SYCAMORE CIR</b> <b>ORMOND BEACH FL 32174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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 another like empowered.  
 SIGNATURE:      Date **4/30/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #