2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000017439

Entity Name WAYNE FRIER'S MOBILE HO	ME PARK, INC.			
Principal Place of Business	Mailing Address			
12788 US 90 W	12788 US 90 W			
LIVE OAK FL 32080	LIVE OAK FL 32060			
2. Principal Place of Business	3. Mailing Address			

FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90113 026 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	12788 US 90 LIVE OAK FL				8 US 90 W OAK FL 32060				1 150 100 110 110 110 110 110 110 110 11	10 . 88 014 88 014 88 08 40			
City & State City & State City & State City & State Separate Special Separate	Principal Place of Business 3. Mailing Address												
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Page Required G. Name and Address of Current Registered Agent Name N	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			\dashv	☐ CHECK HERE IF MAKING CHANGES					
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & State	e		City	& State		4.		E0 0544550				
Name and Address of Name and Address of Name Registered Agent	Zip		Country	Zip Coun			try	5. (5 Certificate of Status Desired 38.75 Addition			ditional	
HALEY, WILLIAM J 10 N COLUMBIA ST LAKE CITY FL 32055 1 8. The above named onlity 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 acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER NAME SITERT ADDRESS OCTY- 51-2P FILE, MATTHEW WAYNE 12788 US 90 W UNC DAY FL 32060 TITLE THE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY		6. Name	and Address of Curren	t Registere	ed Agent								
10 N COLUMBIA ST LAKE CITY FL 32055 1. City FL Zip Code FL Zip Code FL Zip Code City FL Zip Code													
LAKE CITY FL 32055 : City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title 4 applicable (MOTE Registered Agent agradued when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.							Street Address (P.O. Box Number is Not Acceptable)						
S. 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 access the obligations of registered agent. Signature									· ·- <u>-</u>				
B. 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 accel SIGNATURE	LAKE CITY	Y FL 32055											
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 access the obligations of registered agent. SIGNATURE	<u> </u>						City			FL	Zip Code	e	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME 12788 US 90 W LIVE OAK FL 32060	8. The above			for the purp	oose of changing its	registere	ed office or re	gistered ag	ent, or both, in the State of	of Florida. I am fa	miliar with,	and accept	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	May 1, 200	3 Fee will be \$550.00										
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TITLE Delete TITLE Change Addition	NAME STREET ADDRESS				□ Delete	NAME STREE	ET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director.	STREET ADDRESS CITY-ST-ZIP	certify that the	e information supplied with	th this filing	Delete	STREI CITY-	ET ADDRESS STZip	in Section	119 07(3Vi) Florida Status			Addition	

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 all other like empowered.

SIGNATURE:

Date

Daytime Phone #