2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000052460 **DOCUMENT #**

1. Entity Name

TRAILER PARK PARTNERS VII, INC.



Apr 28, 2003 8:00 am Secretary of State **FILED**

			COD WE THE			
Principal Place of Business 1801 NE 4TH ST STE 200 BOYNTON FL 33435		Mailing Address 2840 NW BOCA RATON BOULEVARD SUITE 101 BOCA RATON FL 33431			10	
2. Principal Place of Busi	ness	3. Mailing Address			18. (188) (188) (188) (188) (188)	
Suite, Apt. #, etc.		Suite Apr. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0853691	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SPILLANE 7 COMPANY, INCORPORATED 2840 NW BOCA RATON BOULEVARD SUITE 101 BOCA RATON FL 33431				ss (P.O. Box Number is Not Acceptable) The 102	Zip Code	
SIGNATURE Signature, typed FILE NOW! After May 1, 20		d title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) 9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS AND D		11,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE D SPILLANE STREET ADDRESS 2840 NW		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,744	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 of 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 all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition