2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000065958 **DOCUMENT #**

1. Entity Name

SOUTH ORANGE AVENUE TRAILER PARK, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90213 032 ***150.00

Suite Apt		ce of Business BOX 520247 FL 32752-0247	Mailing Address POST OFFICE BOX 520247 LONGWOOD FL 32752-024				
City & State City & State City & State Country Countr	2. Principal Place of Business				FIDEHIRI IID HIRIT IID HIRIT IDJIH DOHR DOHR DOHR DOHR DIKO DIKO BIKU BAND BAND IDIH ABBU		
Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Country Country Country Country Country S. Cardification of Status Desired Sea.75 Additional Peep Required Sea.75 Additional Peep Required Peep Required Sea.75 Additional Peep Required Peep Required Peep Required Peep Required Peep Required Peep Required Peep	City & State		City & State		KQ=3K93Q3Q		
BOWLES, H. RICHARD 1205 ROXBORO ROAD LONGWOOD FL 32750 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordids. It am farmitier with, and accept the obligations of registered agent. SIGNATURE Symble	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional		
BOWLES, H. RICHARD 1205 ROXBORO ROAD LONGWOOD FL 32750 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Coly FL Zip Cody	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
1205 ROXBORO ROAD 12750			-	Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Familiar with, and accept the colligations of registered agent. Signature	1205 ROX	BORO ROAD		Street Addres	ess (P.O. Box Number is Not Acceptable)		
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 Signature Signature Signature, typeed or primed remoral registered agent was title 1 applicable. (NOTE: Registered Agent signature required when remorating) DATE	LONGWO	OD FL 32750	. Zin Codo				
SIGNATURE Suppose to province in control of registered agent or title 1 applicable CHOTE Registered Agent signature required when inimitating) DATE							
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PS STERLING, ROBERT F III STREET ADDRESS INCHANGES STREET ADDRESS TITLE UNGWOOD FL 32779 TITLE DOWLES, HARRISON R STREET ADDRESS STREET A	the obligations of registered agent. SIGNATURE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V	After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be						
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TITLE NAME STONER, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	BOWLES, HARRISON R 1205 ROXBORÓ RD	☐ Delete	NAME Street Address	☐ Change ☐ Addition		
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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	NAME STREET ADDRESS CITY - ST-ZIP	actific that the information and the state of the state o		NAME STREET ADDRESS CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40, 260 2214

Daytime Phone #