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

P98000071047 **DOCUMENT #**

1. Entity Name

MT. ACADIA PROPERTIES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90202 038 ***150.00

İ	No. of the last

Principal Place of Business 2763 WESTCHESTER DRIVE SOUTH CLEARWATER FL 33761			Mailing Address 2763 WESTCHESTER DRIVE SOUTH CLEARWATER FL 33761									
2. Principal	Place of Business	3. Mailing Address					1		lat Halt Bath			
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Sta	te ·	City & State					4. FEI Number 59-3836176 Applied Fo]
ڏZip	Country	. Zip	Zip Country				5. C	Certificate of Status Desired		8.75 Ad		
	6. Name and Address of Current R	legistered	d Agent				7. N	ame and Address of New Reg		-		ı
CODOTA	IOCEDIA LAD				Name				•			İ
	, Joseph J Jr 8 Hwy 19 North, Suite 504		Street Ad			dress (P.	ess (P.O. Box Number is Not Acceptable)					
CLEARWA	ATER FL 33761											ı
			-						FL	Zip Coo	le	
8. The above	e named entity submits this statement for	the purpo	se of changing its re	gistere	ed office or r	egistere	d age	nt, or both, in the State of Florid		[niliar with,	and accept	
ine obligat	tions of registered agent.										·	
SIGNATURE .	Signature, typed or printed name of registered agent and	d title it applic	cable (NOTE: E	Ponistara	d Agent signature	raquirad w	tan sala					
			WOIL.	ingistere.		raquireo w	nen rein	istating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta								Election Campaign Finant Trust Fund Contribution.	cing	\$5.0 Added	00 May Be d to Fees	
10.	OFFICERS AND D	IRECTOR	s .	11.			ADD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
TITLE NAME Street Address City-St-Zip	P PHILLIPS, SHAARON M 2763 WESTCHESTER DRIVE SOUT CLEARWATER FL 33761	ГН	☐ Delete			,				☐ Change	Addition	
TITLE Name Street address City-St-Zip			☐ Delete			-				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Delete		T ADDRESS ST-ZIP	, etc.	· .] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete	TITLE NAME STREE CITY~5	T ADDRESS				Ē	Change	☐ Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP				C] Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete		r address St-zip	*		,] 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 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: