

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90084 004 ***150.00

DOCUMENT # P98000078875

1. Entity Name

OAKWOODS MOBILE HOME SUBDIVISION, INC.

Principal Place of Business

1501 WILLOW WICK DR.
TALLAHASSEE FL 32312

Mailing Address

1501 WILLOW WICK DR.
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

332 N. 10th St.

332 N. 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Quincy, Fla.

Quincy, Fla.

Zip

Zip

32351

32351

Country

Country

USA

USA

4. FEI Number

59-3531803

Applied For

Not Applicable

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

CAMERON, CHESTER M
1501 WILLOW WICK DR.
TALLAHASSEE FL 32312

Name

Kathy L. Cameron

Street Address (P.O. Box Number is Not Acceptable)

332 N. 10th St.

City

Quincy

FL

Zip Code

32351

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 Kathy L. Cameron President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CAMERON, KATHY L
CITY-ST-ZIP 1501 WILLOW WICK DR.
TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Kathy L. Cameron
CITY-ST-ZIP 332 N. 10th St.
Quincy, Fla. 32351

TITLE ☒ Delete
NAME D
STREET ADDRESS CAMERON, CHESTER M
CITY-ST-ZIP 1501 WILLOW WICK DR.
TALLAHASSEE FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Kathy L. Cameron President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 627-8822

Date

Daytime Phone #

CR2E034 (9/01)