

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91360 016 ***150.00

DOCUMENT # P98000083958

1. Entity Name
AWESOME R.V. RANCH, CORP.



Principal Place of Business
6877 U.S. HIGHWAY 441 S.E.
OKEECHOBEE FL 34974

Mailing Address
6877 U.S. HIGHWAY 441 S.E.
OKEECHOBEE FL 34974

2. Principal Place of Business

6489 Hwy 441 SE

Suite, Apt. #, etc.

3. Mailing Address

6489 Hwy 441 SE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0864684**

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

SMITH, LAWRENCE W
6877 US HWY 441 E
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name **LAWRENCE W SMITH**
Street Address (P.O. Box Number is Not Acceptable) **6489 Hwy 441 SE**
City **OKEECHOBEE** **FL** **Zip Code** **34974**

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 *X Corinne J Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, LAWRENCE W	
STREET ADDRESS	6877 SE US 441	
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, CORINNE J	
STREET ADDRESS	6877 SE US 441	
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE W SMITH	
STREET ADDRESS	6489 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINNE J SMITH	
STREET ADDRESS	6489 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974-9510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Corinne J Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

868-357-2403

CR2E034 (10/02)