2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P98000090221

1. Entity Name

FOREST COVE AT PALM POINT OF SANFORD, INC.



Mar 03, 2003 8:00 am § Secretary of State **FILED**

03-03-2003 90478 026 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	Principal Place 235 SOUTH M MAITLAND FL	AITLAND AVE. SUITE 216	Mailing Address 235 SOUTH MAITLAND AVE. SUITE 216 MAITLAND FL 32751								
City & State Country Zip Country Zip Country S. Centricate of Status Dosined Set Shoptional Res Reported Re	2. Principal Pl	ace of Business	3. Mailing Address					 		11801 1181 1001	
Spring	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent WALKER, BERRY J JR 225 SOUTH MAITLAND AVE, SUITE 216 MAITLAND FL 32751 City FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code	City & State		1 '		4. F	El Number 59-3540042	~~~				
MALKER, BERRY J JR 235 SOUTH MATLAND AVE, SUITE 216 MATLAND FL 32751 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 Fiorida. I am familiar with, and accept the originations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the originations of registered agent. SIGNATURE	Zip	Country	Zip	Coun	try	5. C	Certificate of Status Desired				
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ANDERSON BRUCE SITE ADDRESS OTH MATLAND AVE, SUITE 216 MATLAND FL 32751 6. The above named onsity 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 celegations of registered agent, and both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celegations of registered agent, or both, in the State of Florida part the celegations of registered agent, or both, in the State of Florida part the celegations of registered agent. State Address the celegations of registered agent agent agent agent					Name						
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After May 2003 Fee will be \$50.00 May be Make Check Payable to Florida Department of State 10.	SIGNATURE _	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registere	d Agent signature rec	quired when rei	instating)	DATE			
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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