


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90140 038 ***150.00

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| DOCUMENT # P98000095515 |  |
| 1. Entity Name HOLIDAY MOBILE HOME & RV PARK OF PORT RICHIE, IN C. | |

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| Principal Place of Business 7515 DECEMBER DRIVE PORT RICHIE FL 34668 | Mailing Address 7515 DECEMBER DRIVE PORT RICHIE FL 34668 |
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| 2. Principal Place of Business 17207 U.S. Hwy. 41 Suite, Apt. #, etc. | 3. Mailing Address 17207 U.S. Hwy. 41 Suite, Apt. #, etc. |
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| City & State Spring Hill, FL | City & State Spring Hill, FL |
| Zip 34610 | Zip 34610 |
| Country USA | Country USA |

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|--|---|
| 4. FEI Number 59-3544742 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIR STE 1102 CORAL GABLES FL 33134 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE PD | NAME DEL VECCHIO, PATRICK | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7515 DECEMBER DRIVE | CITY-ST-ZIP PORT RICHIE FL 34668 | | |
| TITLE STD | NAME DEL VECCHIO, FRANK | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7515 DECEMBER DRIVE | CITY-ST-ZIP PORT RICHIE FL 34668 | | |
| TITLE VD | NAME BEVIS, WILLIS H | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 7515 DECEMBER DRIVE | CITY-ST-ZIP PORT RICHIE FL 34668 | | |
| TITLE PD | NAME DELVECCIO, PATRICK | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 17207 U.S. HWY 41 | CITY-ST-ZIP SPRING HILL, FL 34610 | | |
| TITLE STD | NAME DELVECCIO, FRANK | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 17207 U.S. HWY 41 | CITY-ST-ZIP SPRING HILL, FL 34610 | | |
| TITLE VD | NAME BEVIS, WILLIS H. | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 17207 U.S. HWY 41 | CITY-ST-ZIP SPRING HILL, FL 34610 | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

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| SIGNATURE:  | DATE 4/15/03 | DAYTIME PHONE # 352-797-7575 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |

CR2E034 (10/02)