

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0128918 AV

DOCUMENT # P99000076301

1. Entity Name

TOWER MOBILE HOME & R.V. PARK, INC.

02-24-2002 90017 042 ***155.00

Principal Place of Business

**600 OLD FEDERAL HWY
HALLANDALE BEACH FL 33009**

Mailing Address

**600 OLD FEDERAL HWY
HALLANDALE BEACH FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0949813

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

7. Name and Address of New Registered Agent

MCDOWELL, JOHN

600 OLD FEDERAL HWY

HALLANDALE BEACH FL 33009

Name **DIXON B. PERRY-SMITH Jr.**

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

600 OLD FEDERAL HWY.

City **HALLANDALE BEACH**

FL

Zip Code **33009**

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 *Dixon B. Perry-Smith Jr.* **DIXON B. PERRY-SMITH JR. MANAGER** **7 FEBRUARY 2002**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **D** ☐ Delete
NAME **JONES, JOAN E**
STREET ADDRESS **10211 S. 3200 W.**
CITY-ST-ZIP **SOUTH JORDAN UT 84095**

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

TITLE **D** ☐ Delete
NAME **JENSEN, LINDA L**
STREET ADDRESS **3921 SW 77TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **D** ☐ Delete
NAME **PERRY-SMITH, ELEANOR M**
STREET ADDRESS **228 SW MCDOWELL ST.**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **D** ☐ Delete
NAME **MCDOWELL, JOHN**
STREET ADDRESS **600 OLD FEDERAL HWY**
CITY-ST-ZIP **HALLANDALE BEACH FL 33009**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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: *John McDowell* **JOHN MCDOWELL - PRESIDENT** **2-7-02** **954-456-4019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)