

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104702

1. Entity Name

ARMSTRONG TRAILER PARK, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90074 032 ***150.00

Principal Place of Business

Mailing Address

3220 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL

3220 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL

2. Principal Place of Business

3. Mailing Address

P.O. Box 561657

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 ORLANDO, FL

4. FEI Number

59-3614544

Applied For

Not Applicable

Zip

Country

Zip

Country

32856-1657

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

LABRET, STEVEN M
 226 HILLCREST STREET
 ORLANDO FL 32801

Name

WILLIAM OLEYAR

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

734 DUNHILL DRIVE

City

ORLANDO

FL

Zip Code

32825

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

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, 2000 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 OLEYAR, WILLIAM R
 CITY-ST-ZIP 3220 N. ORANGE BLOSSOM TRAIL
 ORLANDO FL

TITLE ☒ Change ☒ Addition
 NAME D
 STREET ADDRESS OLEYAR, WILLIAM
 CITY-ST-ZIP P.O. Box 561657
 ORLANDO, FL. 32856-1657

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2000 (407) 293-8152

CR2E034 (9/99)