

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90112 036 ***158.75

DOCUMENT #

S08452

1. Entity Name

SHELDON MOBILE HOME COURT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4798 SW 23RD TERR #D

Suite, Apt. #, etc.

3. Mailing Address

4081 HARRIS ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

BURTCVILLE, MI

4. FEI Number

65-0221638

Applied For

Not Applicable

Zip
33312

Country
BROWARD

Zip
48059

Country
ST. CLAIR

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT H. SHELDON

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

4798 SW 23RD TERR # D

City

FORT LAUDERDALE

FL

Zip Code
33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SHELDON, ROBERT H.
4798 SW 23 RD TERR # D
FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

ROBERT H. SHELDON, PRESIDENT

SIGNATURE

MI 810-327-6848

3-24-13

FL 954-987-1529

Date

Daytime Phone #

CR2E034B (12/02)