

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S78283**

1. Entity Name

**FLEETWOOD REALTY CORP.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91329 027 \*\*\*150.00

Principal Place of Business

Mailing Address

**2731 SE MORNINGSID BLVD  
PORT ST. LUCIE FL 34952  
US****2731 SE MORNINGSID  
PORT ST. LUCIE FL 34952  
US**

A0040013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0285791**

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

**ANSARA, ROSEMARY  
2731 SE MORNINGSID BLVD  
PORT ST LUCIE FL 34752**

Name

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

City

**FL**

Zip Code

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	ANSARA, ROSEMARY	2402 SE BORDEAUX CT	PORT ST. LUCIE FL 34952				
VP	HOUSARA, BICKFORD	1750 SE HONDO LN	PORT SAINT LUCIE FL 34952		HOWARD BICKFORD		
S	RONALD, ANSARA	2402 BOREALIX CT	PORT SAINT LUCIE FL 34952		S. RONALD ANSARA		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)