

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90056 049 ***150.00

00048452

DO NOT WRITE IN THIS SPACE

DOCUMENT # V39364
1. Entity Name
 JACKSON SQUARE mobile Home Park
 INC.

Principal Place of Business **Mailing Address**
 123 QUEEN ANN CT. 123 QUEEN ANN CT.
 FT. Pierce, FL 34949 FT. Pierce, FL
 U.S. 34949

2. Principal Place of Business **3. Mailing Address**
 2588 Donjay ST 104 PLANTATION Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Kissimmee, FL MANNING, S.C.
Zip **Country** **Zip** **Country**
 34741 U.S. 29102 U.S.

4. FEI Number **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BROCK, Timothy R.
 123 QUEEN ANN CT
 FT. PIERCE, FL 34949

7. Name and Address of New Registered Agent
Name BROCK, Timothy R.
Street Address (P.O. Box Number is Not Acceptable)
 2588 Donjay ST.
City Kissimmee **FL** **Zip Code** 34741

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES. BROCK, Timothy R.
STREET ADDRESS	2588 Donjay ST
CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V-S-T BROCK, Betty L
STREET ADDRESS	104 PLANTATION DR
CITY-ST-ZIP	MANNING, S.C. 29102
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Betty L Brock* **4-24-2000** **803-478-3454**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)