

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90076 039 ***150.00

0474546 AV

DOCUMENT # V44410

1. Entity Name
OHRT'S MOBILE VILLAGE, INC.

Principal Place of Business
1100 US 27 NORTH
SEBRING FL 33870
US

Mailing Address
1700 JERIKAY LANE
SEBRING FL 33870
US

BU061404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1820 Jim Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sebring Florida

4. FEI Number **65-0350999**

Applied For

Not Applicable

Zip

Country

Zip

33870

Country

Highlands

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

MCCOLLUM, OBERHAUSEN & T L
129 S COMMERCE AVE
SEBRING FL 33870

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, 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 **VD** ☐ Delete
 NAME **SOLYNTJES, THOMAS**
 STREET ADDRESS **1515 PROSPECT**
 CITY-ST-ZIP **SEBRING FL**

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

TITLE **D** ☐ Delete
 NAME **OHRT, JAMES E.**
 STREET ADDRESS **212 KITE ST.**
 CITY-ST-ZIP **SEBRING FL**

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

TITLE **SD** ☐ Delete
 NAME **SOLYNTJES, JENNIFER**
 STREET ADDRESS **1515 PROSPECT**
 CITY-ST-ZIP **SEBRING FL**

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

TITLE **PD** ☐ Delete
 NAME **OHRT, EVERETT**
 STREET ADDRESS **1700 JERI KAY LANE**
 CITY-ST-ZIP **SEBRING FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **OHRT, EVERETT**
 STREET ADDRESS **1155 GOLDFIELD DR**
 CITY-ST-ZIP **SEBRING FL 33812**

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: **Everett Ohrt** **EVERETT OHRT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
 Date

(863) 3853289
 Daytime Phone #

CR2E034 (9/01)