

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90003 047 \*\*\*550.00

**DOCUMENT # 813313**

1. Entity Name  
**MODERN HOMES AND EQUIPMENT CO INC**

Principal Place of Business 2467 NORTH DOG RIVER MOBILE ALA 36605	Mailing Address 2467 NORTH DOG RIVER MOBILE ALA 36605
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>63-0370022</b>	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 Not Applicable



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DRLICKA, ERICK M.**  
**30 S. SPRING STREET**  
**P.O. DRAWER 1271**  
**PENSACOLA FL 32596**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELKINS, STEVEN H. 150 GREENWOOD DR. DAPHNE AL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCPHILLIPS, S T <del>138 EATON SQUARE</del> MOBILE AL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCPHILLIPS JR, H M 229 MCGREGOR AVE MOBILE AL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FERNANDEZ, L.M. 6509 SUGAR CREEK PLACE MOBILE AL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCPHILLIPS, JAMES D 138 EATON SQUARE MOBILE AL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Erin M. Kelly* **7/27/00** **3344718343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)