

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G09822

1. Entity Name

SUNSHINE MOBILE HOMES CORPORATION

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90046 009 ***150.00

Principal Place of Business

Mailing Address

15200 OLD U.S. HWY 441
TAVARES FL 32778

15200 OLD U.S. HWY 441
TAVARES FL 32778-5061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-0463351

Applied For

Not Applicable

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

LEARY, PERCELL J.

~~3111 INDIAN TRAIL~~ 104 SEAFERN DRIVE
~~EUSTIS FL 32726~~ LEESBURG FL 34788

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, 2000 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	P	☐ Delete
NAME	LEARY, PERCELL J.	
STREET ADDRESS	3111 INDIAN TRAIL 104 SEAFERN DRIVE	
CITY-STATE-ZIP	EUSTIS FL LEESBURG FL 34788	
TITLE	ST	☐ Delete
NAME	LEARY, FRANCES D.	
STREET ADDRESS	3111 INDIAN TRAIL 104 SEAFERN DRIVE	
CITY-STATE-ZIP	EUSTIS FL LEESBURG FL 34788	
TITLE	VP	☐ Delete
NAME	CASE, RICHARD	
STREET ADDRESS	5322 MARY ANN LN	
CITY-STATE-ZIP	ORLANDO FL 32810	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2000

Date

352
343-5573

Daytime Phone #

CR2E034 (5/99)