

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90348 003 \*\*\*150.00

DOCUMENT # **P98000062578**

1. Entity Name  
**ALPINE COUNTRY MOBILE HOMES, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business **6801 LAKE WORTH RD.** 3. Mailing Address **6801 LAKE WORTH RD.**

Suite, Apt. #, etc. **SUITE 252** Suite, Apt. #, etc. **SUITE 252**

City & State **LAKE WORTH, FL** City & State **LAKE WORTH, FL**

Zip **33467** Country **USA** Zip **33467** Country **USA**

4. FEI Number **65-0852511** Applied For  Not Applicable

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

**768648**

DO NOT WRITE IN THIS SPACE

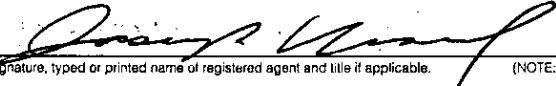
**6. Name and Address of Current Registered Agent**

**RICHARD G. CHOSID, ESQ**

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

Name **JOSEPH WARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6801 LAKE WORTH RD. SUITE 252**  
 City **LAKE WORTH** **FL** Zip Code **33467**

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  **JOSEPH WARD** DATE **4/29/01**  
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 \$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**

TITLE NAME	<b>P</b> <b>JOSEPH WARD</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>C</b> <b>ROBIN SCHICRA</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<del><b>ROD H. WARD</b></del>	<del><input checked="" type="checkbox"/> Delete</del>
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<b>RICHARD MOORE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>6801 LAKE WORTH RD STE 252 LAKE WORTH, FL 33467</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>6801 LAKE WORTH RD STE 252 LAKE WORTH, FL 33467</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **ROBIN SCHICRA** DATE **4-29-01** (561) 753-3085  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #