

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90296 044 ***158.75

0029718

DOCUMENT # 262887

1. Entity Name
SIL'S MOBILE HOMES, INC.

Principal Place of Business

**1023 N TYNDALL PKWY
 P.O. BOX 6084
 PANAMA CITY FL 32404**

Mailing Address

**1023 N TYNDALL PKWY
 P.O. BOX 6084
 PANAMA CITY FL 32404**

2. Principal Place of Business

3. Mailing Address

1023 N-TYNDALL PKWY
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City FL

Zip
32404

Country

Zip

Country

4. FEI Number **59-1001246**

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

**ZIMMERMAN, SILVEN
 1023 N TYNDALL PKWY
 PANAMA CITY FL 32404-7084**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ZIMMERMAN, SILVEN**
 STREET ADDRESS **5416 HARVEY ST.**
 CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **STD** ☐ Delete
 NAME **ZIMMERMAN, BEVERLY**
 STREET ADDRESS **5416 HARVEY ST.**
 CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **D** ☐ Delete
 NAME **ZIMMERMAN, PAUL**
 STREET ADDRESS **5121 E 11TH CT**
 CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

48 2,2001

850

785-4671

CR2E034 (10/00)