

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0600003 AV

DOCUMENT # **281416**

1. Entity Name
MOBILE HOMEOWNERS' INSURANCE AGENCIES, INC.



04-28-2003 91335 001 ***150.00

Principal Place of Business
**7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 33780-8080
US**

Mailing Address
**7785 66TH ST N
PO BOX 8080
PINELLAS PARK FL 33780-8080
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-1059110**
Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**ELDRIDGE, DANIEL P
7785 66TH ST NORTH
PINELLAS PARK FL 33781-3113**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SADLER, CHARLES B | |
| STREET ADDRESS | 11722 WALKER AVE | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | |
| TITLE | DTV | <input type="checkbox"/> Delete |
| NAME | MEYER, BRUCE T | |
| STREET ADDRESS | 506 BROOKTREE CT | |
| CITY-ST-ZIP | LUTZ FL 33548 | |
| TITLE | DVD | <input type="checkbox"/> Delete |
| NAME | KELLER, CRAIG P | |
| STREET ADDRESS | 29 WOODCRAFT ROAD | |
| CITY-ST-ZIP | HAVERTOWN PA 19083 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ELDRIDGE, DANIEL P | |
| STREET ADDRESS | 1540 GULF BLVD #202 | |
| CITY-ST-ZIP | CLEARWATER FL 33767 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | MAGUIRE, JAMES JR | |
| STREET ADDRESS | 215 DRESHERTOWN RD | |
| CITY-ST-ZIP | FORT WASHINGTON PA 19034 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **7/14/03 727-546-8911-128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)