2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # 410403** 1. Entity Name MOBILE HOME CITY, INC. 04-25-2000 90063 045 ***150.00 Principal Place of Business Mailing Address 101 MIRACLE STRIP PKWY. (MARY ESTHER. FL) 101 MIRACLE STRIP PKWY. (MARY ESTHER, FL) P. O.BOX 15150 P. O.BOX 15150 PENSACOLA FL 32514 PENSACOLA FL 32514-0150 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1425666 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOLES, GEORGE W** Street Address (P.O. Box Number is Not Acceptable) 101 MIRACLE STRIP PKWY. MARY ESTHER FL 32569 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 4 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change X Addition TITLE 🛛 Delete Boles, Michael J. BOLES, GEORGE W. 201 W. Miraclesto Ptim Condo 6301 NAME STREET ADDRESS 430 YORK STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** Vice Pres Boles, Elizabeth Ann 430, York Street □ Delete TITLE **BOLES.ELIZABETH ANN** NAME NAME 430 YORK STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP **GULF BREEZE FL** CITY-ST-ZIP - Delete---TITLE TITLE NAME NAME STREET ADDRESS 701 ESSEX STREET ADDRESS CITY-ST-ZIP Ft. Walton Bearl CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 DIRECTO

Daytime Phone #