2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 414172

1. Entity Name
MOBILE HOME ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11703 BROAD ST BROOKSVILLE FL 34601	11703 BROAD ST BROOKSVILLE FL 34601

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country

4. FEI Number **59-1458740** | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

LUCADO, RALPH E JR
11703 BROAD STREET
BROOKSVILLE FL 34601

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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			**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **PVPD** NAME **LUCADO, RALPH E JR.** STREET ADDRESS **11703 BROAD ST** CITY-ST-ZIP **BROOKSVILLE FL**	☐ Delete		TITLE *Director* NAME *James E. Lucado* STREET ADDRESS *11703 Broad St.* CITY-ST-ZIP *Brooksville, FL 34601*	☐ Change	☑ Addition
TITLE **D** NAME **MILLER, JUDITH L** STREET ADDRESS **19812 GULF BLVD.** CITY-ST-ZIP **INDIAN SHORES FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **STD** NAME **LUCADO, SHERI S** STREET ADDRESS **11703 BROAD ST** CITY-ST-ZIP **BROOKSVILLE FL**	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (10/02)

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: *Sheri S. Lucado Sec/Treas*   1/8/03   352-796-1479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #