

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90086 040 ***150.00

DOCUMENT # 439436

1. Entity Name
CORBETT'S MOBILE HOME SUPPLY & SERVICE, INC



00010411



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
HWY 252
RT 11 BOX 8
LAKE CITY FL 32024
US

Mailing Address
HWY 252
RT 11 BOX 8
LAKE CITY FL 32024
US

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

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

City & State

City & State

4. FEI Number **59-1544083**
Applied For
Not Applicable

Zip Country Zip Country

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

CORBETT, RONNIE
8001 HOGAN ROAD
LIVE OAK FL 32060

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 *Ronnie Corbett* *Bonnie Corbett* 2-4-03
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	PD	<input type="checkbox"/> Delete
NAME	CORBETT, RONNIE	
STREET ADDRESS	RT 2 BOX 198	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICKLES, DEBBIE CORBETT	
STREET ADDRESS	RTE. 2, BOX 21203	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> Delete
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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: *Ronnie Corbett* *Bonnie Corbett* 2-4-03 386-752-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)