2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90015 013 ***150.00

DOCUMENT # 444064

1. Entity Name
BOYENTON MOBILE HOMES, INC.

Principal Place of Business	Mailing Address
783 S. BY PASS PO BOX 1364 VENICE FL 34284	783 S. BY PASS PO BOX 1364 VENICE FL 34284

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
783 US 41 By Pass South Suite, Apt. #, etc.	783 US 41 By Pass South Suite, Apt. #, etc.
City & State: Venice, Fl. 34292	City & State: Venice, Fl. 34292
Zip / Country: Sarasota	Zip / Country: Sarasota

4. FEI Number 59-1501015 ☐ 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
CRIOLA, CAROL J. 5155 LEMON BAY DR. VENICE FL 34293	Name: Elizabeth Hickerson Street Address (P.O. Box Number is Not Acceptable): 12291 Golf Course Rd. Parrish, Fl. 34219 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 Elizabeth Hickerson 4/17/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRIOLA, CAROL J 5155 LEMON BAY DR. VENICE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elizabeth Hickerson, 12291 Golf Course Rd. Parrish, Fl. 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRIOLA, CAROL 5155 LEMON BAY DR. VENICE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas/Sec'y Elizabth Hickerson 12291 Golf Course Rd. Parrish, Fl. 34219	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CRIOLA, DONALD S 5155 LEMON BAY DR. VENICE 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

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: Elizabeth Hickerson 4/17/01 941 729-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)