## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 585823** Mar 17, 2000 8:00 am 1. Entity Name Secretary of State LOVE MOBILE HOMES, INC. 03-17-2000 90005 008 \*\*\*150.00 Principal Place of Business Mailing Address 3600 NORTH US 1 3600 NORTH HS 1 COCOA FL 32926-8711 COCOA FL 32926-8713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2498118 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROZMAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 3570 U.S. 1, COCOA, FL LP 32922 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5:00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD Delete TITLE ☐ Change Addition TITLE BROZMAN, ROBERT P., SR. NAME NAME 2135 LEEWARD LANE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE BROZMAN, ROBERT P., JR. NAME NAME 3570 NORTH US 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 1968 W. 309. NAME NAME STREET ADDRESS STREET ADDRESS Hall To be to CITY-ST-ZIP CITY-ST-ZIP

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:

Policial Per Brange OF SIGNATURE AND DESCRIPTION

3-13-2000 686-485

Daytime Phone