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

## FILED DOCUMENT # 616462 May 26, 2000 8:00 am 1. Entity Name Secretary of State STEPHENSON'S MOBILE HOME SERVICE, INC. 05-26-2000 90082 011 \*\*\*150.00 Principal Place of Business Mailing Address 1928 MYRTLE LAKE AVE 1928 MYRTLE LAKE AVE FRUITLAND FL 34731-6515 FRUITLAND FL 34731-6515 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1910570 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - -6." Name and Address of Current Registered Agent STEPHENSON, TERRY L Street Address (P.O. Box Number is Not Acceptable) 09128 MYRTLE AVE FRUITLAND PARK FL 32731 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Trust Fund Contribution. Added to Fees (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 ☐ Addition ☐ Delete TITLE THUE STEPHENSON, TERRY L NAME NAME STREET ADDRESS STREET ADDRESS 09128 MYRTLE LAKE AVE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL Change ☐ Addition TITLE TITLE Delete STEPHENSON, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 2200 BUTLER ST. CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition VP------TITLE ☐ Delete TITLE STEPHENSON, JUDY NAME 09128 MYRTLE LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE STEPHENSON, ROBBY NAME NAME 09128 MYRTLE LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 DIRECTOR

Date

Date

Date

Date

Date

Daylime Phone #