2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 666055** TANGLEWOOD MOBILE HOME SALES, INC. 02-06-2001 90254 009 ***150.00 Principal Place of Business Mailing Address 345 WEATHERBEE RD LOT #7 208 CAPE POINTE CIRCLE JUPITER FL 33477 FT PIERCE FL 34982 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1995166 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONKO, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 712 US 1 HWY **FORT PIERCE FL 33408** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE Delete TITI È YU, CHESTER NAME NAME 208 CAPE POINT CIRCLÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE YU. CHESTER NAME NAME STREET ADDRESS 208 CAPE POINT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 🗶 Delete TITLE ☐ Addition TITLE YU. KAROL NAME NAME ru Chester STREET ADDRESS STREET ADDRESS 208 CAPE POINT CIRCLE CITY-ST-ZIP CITY-ST-7/P JUPITER FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

IGNATURE: Chester Yu 2/1/2001 (561)

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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