

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 690117

1. Entity Name

DICK SMITH MOBILE HOME INSURANCE, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90013 018 ***150.00

Principal Place of Business

805 PARK AVE.
LAKE PARK FL 33403-9401

Mailing Address

805 PARK AVE.
LAKE PARK FL 33403-9401

C0034033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1052 ASPRI WAY

Suite, Apt. #, etc.

3. Mailing Address

1052 ASPRI WAY

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL 33411

City & State

PALM BEACH GARDENS, FL 33411

4. FEI Number

59-2108873

Applied For

Not Applicable

Zip

33418

Country

PALM BEACH

Zip

33418

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, STEPHEN P
805 PARK AVE.
LAKE PARK FL 33403-9401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1052 ASPRI WAY

City

PALM BEACH GARDENS

FL

Zip Code

33418

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

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

TITLE DVS
NAME AUSTIN, PAULA M.
STREET ADDRESS 1052 ASPRI WAY
CITY-ST-ZIP PALM BCH GARDENS FL 14 ☐ Delete

TITLE DPT
NAME AUSTIN, STEPHEN P
STREET ADDRESS 1052 ASPRI WAY
CITY-ST-ZIP PALM BCH GRDN, FL 00000 14 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 of 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 an other like empowered.

SIGNATURE:

Paula M. Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01 561-694-6669

Date

Daytime Phone #

CR2E034 (10/00)