

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90061 048 ***150.00

DOCUMENT # 690117

1. Entity Name

DICK SMITH MOBILE HOME INSURANCE, INC.

Principal Place of Business

**1052 ASPRI WAY
PALM BEACH GARDENS FL 33418**

Mailing Address

**1052 ASPRI WAY
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

16105 ALEXANDER RUN

Suite, Apt. #, etc.

3. Mailing Address

16105 ALEXANDER RUN

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

4. FEI Number

59-2108873

Applied For

Not Applicable

Zip

33478

Country

PALM BEACH

Zip

33478

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**AUSTIN, STEPHEN P
1052 ASPRI WAY
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

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

16105 ALEXANDER RUN

City

JUPITER

FL

Zip Code

33478

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

Stephen P. Austin

STEPHEN P. AUSTIN

3/11/02

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, 2002 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	<input type="checkbox"/> Delete
NAME	AUSTIN, PAULA M.	
STREET ADDRESS	1052 ASPRI WAY	
CITY-ST-ZIP	PALM BCH GARDENS FL 14	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	AUSTIN, STEPHEN P	
STREET ADDRESS	1052 ASPRI WAY	
CITY-ST-ZIP	PALM BCH GRDN, FL 00000 14	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16105 ALEXANDER RUN	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16105 ALEXANDER RUN	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Stephen P. Austin

STEPHEN P. AUSTIN

3/11/02

694-6669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #