

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694475

1. Entity Name
AFFORDABLE MOBILE HOMES, INC.

Principal Place of Business
626 S. US HWY 17
YULEE FL 32097

Mailing Address
626 S. US HWY 17
YULEE FL 32097

2. Principal Place of Business

680 S. US Hwy 17

3. Mailing Address

680 S. US Hwy 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee, Florida

City & State

Yulee, Florida

Zip

32097

Country

USA

Zip

32097

Country

USA

4. FEI Number 59-2110887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, NORMA
626 S. US HWY 17
YULEE FL 32097

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Norma Jean McLeod

1-09-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MCLEOD, LUTHER M
626 S. US HWY 17
YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MCLEOD, NORMA J.
626 S. US HWY 17
YULEE FL 32097 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

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

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STREET ADDRESS
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 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:

Norma Jean McLeod

1-09-01 904-2250601

Date

Daytime Phone #

CR2E034 (10/00)

0451074

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90096 044 ***150.00

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DO NOT WRITE IN THIS SPACE