

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004237

1. Entity Name

ACCENT MOBILE HOMES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90044 004 ***150.00

Principal Place of Business

Mailing Address

2701 UNIVERSITY DRIVE
SUITE 300
AUBURN HILLS MI 48326

2701 UNIVERSITY DRIVE
SUITE 300
AUBURN HILLS MI 48326-2566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1642122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME FOX, RUSSELL
STREET ADDRESS 5108 N. I-85 SERVICE ROAD
CITY-ST-ZIP CHARLOTTE NC 28206-1360 ☒ Delete

TITLE D
NAME COX, RETA
STREET ADDRESS 5108 N. I-85 SERVICE ROAD
CITY-ST-ZIP CHARLOTTE NC 28206-1360 ☒ Delete

TITLE D
NAME CRAIG, WILLIAM
STREET ADDRESS 5108 N. I-85 SERVICE ROAD
CITY-ST-ZIP CHARLOTTE NC 28206-1360 ☒ Delete

TITLE D
NAME YOUNG, WALTER JR.
STREET ADDRESS 2701 UNIVERSITY DRIVE SUITE 300
CITY-ST-ZIP AUBURN HILLS MI 48326 ☐ Delete

TITLE DVP
NAME STEGMAYER, JOSEPH
STREET ADDRESS 2701 UNIVERSITY DRIVE SUITE 300
CITY-ST-ZIP AUBURN HILLS MI 48326 ☐ Delete

TITLE AT
NAME PAUL, JIMMY
STREET ADDRESS 2701 UNIVERSITY DR., SUITE 300
CITY-ST-ZIP AUBURN HILLS MI 48326 ☐ Delete

TITLE PRESIDENT
NAME GOOD, GARY
STREET ADDRESS 2701 UNIVERSITY DR, #300
CITY-ST-ZIP AUBURN HILLS, MI 48326 ☒ Change ☐ Addition

TITLE SECRETARY, DIRECTOR
NAME COLLINS, JOHN J.
STREET ADDRESS 2701 UNIVERSITY DR. #300
CITY-ST-ZIP AUBURN HILLS MI 48326 ☒ Change ☐ Addition

TITLE TREASURER
NAME BEVERLEIN, GORDY
STREET ADDRESS 2701 UNIVERSITY DR. #300
CITY-ST-ZIP AUBURN HILLS, MI 48326 ☒ Change ☐ Addition

TITLE DIRECTOR, VP
NAME COLE, M. MARK
STREET ADDRESS 2701 UNIVERSITY DR. #300
CITY-ST-ZIP AUBURN HILLS MI 48326 ☐ Change ☒ Addition

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

TITLE VICE PRESIDENT
NAME LONERGAN, DAN
STREET ADDRESS 2701 UNIVERSITY DR. #300
CITY-ST-ZIP AUBURN HILLS, MI 48326 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 248-340-7753

CR2E034 (9/99)