2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # J17998** 1. Entity Name QUALITY MANUFACTURED HOMES OF FLORIDA, INC. 04-27-2000 90122 015 ***158.75 Principal Place of Business Mailing Address 11816 U. S. HIGHWAY 92, EAST 11816 U. S. HIGHWAY 92. EAST P.O. BOX 2165 P.O. BOX 2165 SEFFNER FL 33583-2165 721313 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2697174 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BYERLY, KENNETH A. Street Address (P.O. Box Number is Not Acceptable) 9012 NAVAJO AVENUE TAMPA FL 33637 Zip Code City 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, 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD ☐ Addition 7171 F ☐ Detete TITLE BYERLY, KENNETH A. NAME 6514 MANILA PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 Addition ☐ Change VSD ☐ Delete TITLE TITLE BYERLY, JERANNE E. NAME NAME 6514 MANILA PALM WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Change ☐ Addition ☐ Delete TITI F BYERLY, GERALD W NAME 9012 NAVAJO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** ☐ Addition [] Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition ☐ Delete TITLE NAME 4.5 -

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



☐ Delete

4/20/00

(813) 752-3300

☐ Change

☐ Addition

Daytime Phone #