

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52558

1. Entity Name

MOBILE HOME RENTALS, INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90014 040 ***150.00

Principal Place of Business

408 SE MADRID ST
STUART FL 34994
US

Mailing Address

408 SE MARDIO DT
STUART FL 34994
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2756400

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

PHILLIPS, PATRICK R
200 N. THORNTON AV.
ORLANDO FL 32801

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME MULLIGAN, BRIAN
STREET ADDRESS 3560 SW RACQUET CLUB WAY
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

10078361

Mobile Home Rentals Inc.

408 S.E. Madrid Street - Stuart, FL 34994 - US
Phone 561-287-2353

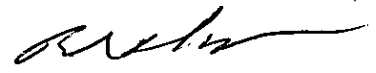
September 12, 2000

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam

In April of the year 2000 I sent to you the 2000 UBR as required. As per our telephone conversation today it must have been misplaced between here and there. The check has not cleared the bank and you state you do not have the report. Per our conversation I am sending you another UBR along with a check for \$150.00. Please call if there are any questions.

Sincerely,



Brian R. Mulligan