

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90073 020 \*\*\*150.00

DOCUMENT # L09441

1. Entity Name

FIRST COAST MOBILE HOME SALES, INC.

Principal Place of Business

4597 U.S. HWY. 90 WEST  
 LAKE CITY FL 32025  
 US

Mailing Address

4597 U.S. HWY. 90 WEST  
 LAKE CITY FL 32025  
 US

2. Principal Place of Business

3. Mailing Address

12788 US 90 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Live Oak, FL

4. FEI Number

59-2962105

Applied For

Not Applicable

Zip

Country

Zip

Country

32060

USA

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

HALEY, WILLIAM J.  
 10 NORTH COLUMBIA STREET  
 LAKE CITY FL FL

Name

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

City

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, 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	V	<input type="checkbox"/> Delete
NAME	FRIER, WAYNE	
STREET ADDRESS	RT 8 BOX 1048	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	FRIER, MATTHEW W	
STREET ADDRESS	7264 65TH DRIVE	
CITY-ST-ZIP	LIVE OAK FL 32060	
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	D/PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Wayne	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frier, Matthew	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frier, Todd D.	
STREET ADDRESS	12788 US 90 West	
CITY-ST-ZIP	Live Oak, FL 32060	
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)(l), 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:

Todd Frier TODD FRIER

5/22/01

386-362-2720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)