2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2001 8:00 am **DOCUMENT # L39398 Secretary of State** 1. Entity Name ORANGE PARK MOBILE HOMES, INC. 03-16-2001 90071 046 ***150.00 Principal Place of Business Mailing Address 1238 BLANDING BLVD. 1238 BLANDING BLVD. ORANGE PARK FL 32065 ORANGE PARK FL 32065 3. Mailing Address 2. Principal Place of Business 138 CACTUS CUT Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2982498 Not Applicable MIDDLE BURG Zip Country \$8.75 Additional 5. Certificate of Status Desired 32068 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DALTON, STEVEN DALTON STEVEN FOWLER, PAT M. 1138 CATHS CHT Rd Street Address (P.O. Box Number is Not Acceptable) ROAD 155-5 BLANDING BLVD. ORANGE PARK FL 32073 MIDDLEBURGE 37068 City Zip Code 63 MIDDLEBURG 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition TITLE □ Delete TITLE NAME DALTON, STEVEN NARRE STREET ADDRESS STREET ADDRESS 1238 BLANDING BLVD. CITY-ST-ZIP CITY-ST-719 ORANGE PARK FL ☐ Addition Change TITLE ☐ Delete TITLE NAME DALTON, STEVEN NAME STREET ADDRESS STREET ADDRESS 1238 BLANDING BLVD. CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL TITLE *** Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

INTED NAME OF SIGNING OFFICER OF DIRECTOR

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition