2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L45940 DOCUMENT

1. Entity Name

BAY MOBILE HOME SERVICES, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90051 034 ***150.00

### P O BOX \$20054 ### PT TEMPER TERRICE FL 39887 US Survey					WE WE TE						
2. Principal Place of Business 3. Main'ny Address 5. Main'ny Address	Principal Place of Business 5306 E 127TH AVE TAMPA FL 33617 US		P O BO Temple	P O BOX 291054 TEMPLE TERRACE FL 33687							
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Signature Sign	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent Name MANNING, CHARLES W \$306 E 127TH AVENUE TAMPA FL 33817 City FL Zip Cooc 6. The Spowe named entry submits this statement for the purpose of changing its registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent or time purpose of changing its registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent or time purpose of changing its registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent or time purpose of changing its registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent. Or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent or time purpose of changing its registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent or time purpose of changing its registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent, or both, in the State of Horiza. I am familiar with, and accept the obligations of registered digent. 10. OPECER AND DIRECTORS 11. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 1. 15. ADDITIONS/CHANGES TO OFFICERS AND DIREC	City & State	· · · · · · · · · · · · · · · · · · ·	City 8	City & State			KONDORNIY				
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45 No. 11 Section 119 073301 Horida Statutes. Fluring does not qualify for the exemption stated in Section 119 073301 Horida Statutes. Fluring Certify that the information		ye a filip terminate and the	uith this filing	i doce not qualify for	1	a Section	119.07(3)(i), Florida Statutes. I fu	rther certify	that the i	nformation	1

I nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ENDTHERMAEQUIRICHAURS W. MANUTE 1-6 03