

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85027

1. Entity Name

PALM BEACH MOBILE HOME SALES, INC.



Principal Place of Business

2828 NW 46TH AVENUE
OKEECHOBEE FL 33422
US

Mailing Address

2828 NW 46TH AVENUE
OKEECHOBEE FL 33422
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MULLIGAN, BRIAN R
2828 NW 46TH AVENUE
OKEECHOBEE FL 33422

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
MULLIGAN, BRIAN
3550 SW RAQUET CLUB WAY
PALM CITY FL 34990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

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

09-15-2000 90014 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0056964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)

ackmt
85027

10078367

Palm Beach Mobile Home Sales Inc.

2828 NW 46TH Avenue ~ Okeechobee Fl 33422 ~ 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