2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85027

1. Entity Name

PALM BEACH MOBILE HOME SALES, INC.



FILED

Sep 15, 2000 8:00 am Secretary of State

09-15-2000 90014 034 ***150.00

Principal Place of Business Mailing Address 2828 NW 46TH AVENUE 2828 NW 46TH AVENUE OKEECHOBEE FL 33422 OKEECHOBEE FL 33422 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0056964 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name · MULLIGAN, BRIAN R Street Address (P.O. Box Number is Not Acceptable) 2828 NW 46TH AVENUE OKEECHOBEE FL 33422 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE MULLIGAN, BRIAN NAME STREET ADDRESS 3550 SW RAQUET CLUB WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

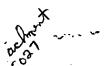
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/12/00 581-287-253

CR2E034 (5/00)



Poim Beach Mobile Home Sales Inc.

40078367

2828 NW 46TH Avenue ~ Okeechobee FI 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