

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005310

1. Entity Name
T & J MOBILE HOME SALES, INC.

Principal Place of Business
ROUTE 16, BOX 715
LAKE CITY FL 32055

Mailing Address
ROUTE 16, BOX 715
LAKE CITY FL 32055

2. Principal Place of Business
Rt. 25 Box 154-1

3. Mailing Address
Rt. 25 Box 154-1

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90190 048 ***158.75



DO NOT WRITE IN THIS SPACE

City & State Lake City, Fl.	City & State Lake City, Fl.	4. FEI Number 59-3618959	Applied For Not Applicable
Zip 32055	Country Columbia	Zip 32055	Country Columbia
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent THRIFT, BERNARD D ROUTE 16, BOX 715 LAKE CITY FL 32055	7. Name and Address of New Registered Agent Name Ronald L. Jones Street Address (P.O. Box Number is Not Acceptable) 1752 8th Ave. City Wellborn FL Zip Code 32094
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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 *Nuria E. Jones* *Nuria E. Jones - Secretary, Director, Treasurer* 4/30/01
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D THRIFT, BERNARD D ROUTE 16, BOX 715 LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P, VP Jones, Ronald L. 1752 8th Ave. Wellborn, Fl. 32094	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D JONES, RONALD L 1752 8TH AVE WELLBORN FL 32094	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T, S, D Jones, Nuria E. 1752 8th Ave. Wellborn, Fl. 32094	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nuria E. Jones* *-secretary, director, treasurer Nuria Jones* 4/30/01 (306) 758-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0448308

CR2E034 (10/00)