

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000008938**

Entity Name

C'S MOBILE HOME SERVICE, INC.**FILED**
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 002 ***150.00

Principal Place of Business

**537 E. 21ST PLAZA
PANAMA CITY FL 32405**

Mailing Address

**2537 E. 21ST PLAZA
PANAMA CITY FL 32405**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3626929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CUTCHINS, JAMES E
2537 E. 21ST PLAZA
PANAMA CITY FL 32405**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00 *
After May 1, 2002 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

FILE NAME STREET ADDRESS CITY-ST-ZIP	DELETE <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
PD CUTCHINS, JAMES E 2537 E. 21ST PLAZA PANAMA CITY FL 32405	<input type="checkbox"/>		
ST CUTCHINS, MARGIE A 2537 E. 21ST PLAZA PANAMA CITY FL 32405	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

CR2E034 (9/01)

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 another, like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margie Cutchins **1-28-02** **850-784-4040**