

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019270

1. Entity Name

D & L MOBILE HOME RENOVATION, INC.

Principal Place of Business

8824 GENEVA ST.
FT. MYERS FL 34907

Mailing Address

8824 GENEVA ST.
FT. MYERS FL 34907

2. Principal Place of Business

2442 Chandler Ave
Suite, Apt. #, etc.

3. Mailing Address

2442 Chandler Ave
Suite, Apt. #, etc.

City & State

Ft. Myers FL

Zip
33907

Country

City & State

Ft. Myers FL

Zip
33907

Country

4. FEI Number

68-0963353

Applied For

Not Applicable

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

CARTER, DAVID
8824 GENEVA ST.
FT. MYERS FL 34907

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

2442 Chandler Ave
City Fort Myers FL Zip Code 33907

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, DAVID 8824 GENEVA ST. FT. MYERS FL 34907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, LOUIE 8824 GENEVA ST. FT. MYERS FL 34907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Louie J. Dykes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01 941-822-7975
Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE