

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100354

1. Entity Name

BEST BUY MOBILE HOMES INC.

Principal Place of Business

1066 SW 25TH WAY
BOYNTON BEACH FL 33426

Mailing Address

1066 SW 25TH WAY
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1053773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKERSON, MISTI M
1066 SW 25TH WAY
BOYNTON BEACH FL 33436

WRONG
ZIP CODE

7. Name and Address of New Registered Agent

Name: MORGAN JIMENEZ
Street Address (P.O. Box Number is Not Acceptable)

1066 S.W. 25th WAY

City: BOYNTON BEACH

FL

Zip Code: 33426

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

Misti M. Wilkerson

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature is 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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P
NAME: JIMENEZ, MORGAN
STREET ADDRESS: 1066 SW 25TH WAY
CITY-ST-ZIP: BOYNTON BEACH FL 33426

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
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:
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STREET ADDRESS:
CITY-ST-ZIP:

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-14-2001 90008 027 ***150.00



DO NOT WRITE IN THIS SPACE