

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90266 047 \*\*\*150.00

**DOCUMENT # P01000051441**

1. Entity Name

**MOBILE HOME LOGISTICS, INC.**

Principal Place of Business

**6067 S.W. 36TH ST.  
 DAVIE FL 33314**

Mailing Address

**6067 S.W. 36TH ST.  
 DAVIE FL 33314**

2. Principal Place of Business

**24529 Wildhog Rd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**24529 Wildhog Rd.**  
 Suite, Apt. #, etc.

City & State

**ASTOR FL**

City & State

**ASTOR FL**

Zip

**32102**

Country

**USA**

Zip

**32102**

Country

**US**

4. FEI Number

**65-1106917**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CURRELI, DONALD SR.  
 6067 S.W. 36TH ST.  
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

**Donald Curreli Jr.**

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

**24529 Wildhog Rd.**

City

**ASTOR**

FL

Zip Code

**32102**

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

**Donald Curreli Jr.**

**Donald Curreli Jr. Pres**

**4/13/02**

(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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PT.	CURRELI, DONALD	6067 S.W. 36TH ST.	DAVIE FL 33314	
		24529 Wildhog Rd.	ASTOR FL 32102	
VS	MOSCATO, KELLEY	6067 S.W. 36TH ST.	DAVIE FL 33314	
		16088 S.E. 15TH ST.	Ocklawaha FL 32179	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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:

**Donald Curreli Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/02**  
 Date

**352-759-9910**  
 Daytime Phone #

CR2E034 (9/01)