## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # P01000062962 1. Entity Name MODERN HOMES OF FLORIDA, INC. 05-12-2002 90617 042 \*\*\*150.00 Principal Place of Business Mailing Address .456 HARISON AVENUE 2202 SCURLOCK PANAMA CITY FL 32401 PANAMA CITY FL 32409 2. Principal Place of Business Mailing Address 9117 Elder Elder Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number *tounes* 65-1123361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NABORS, SCOTT R Street Address (P.O. Box Number is Not Acceptable) 456 HARISON AVENUE PANAMA CITY FL 32401 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President (9/01)Delete TITLE Addition Secretar T/C $\alpha$ S $\omega$ /CTChange T.L. Byznt Martha t. 61855 NAME ZZOZ S'curiock Rd CR2E034 STREET ADDRESS STREET ADDRESS 9117 Elder i CITY-ST-ZIP CITY-ST-ZIP youngstown Fl Panamaci resident TITLE TITLE Change Addition E 61055 NAME Rick Glass NAME 9117 ElderLone STREET ADDRESS STREET ADDRESS town F1. 33466 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

850 784-7234

Daytime Phone #