

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90126 027 ***150.00

DOCUMENT # P01000084441

1. Entity Name
FLAMINGO MANUFACTURE MOBILE HOMES, INC.



Principal Place of Business
**211 S. FEDERAL HWY. #5
BOYNTON BEACH FL 33426**

Mailing Address
**3320 LAKE OVERLOOK PLACE
LANTANA FL 33462**

40064371



2. Principal Place of Business
5946 SHAWNEE DR.
Suite, Apt. #, etc.

3. Mailing Address
5946 SHAWNEE DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE WORTH FL
Zip
33463

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LAKE WORTH FL
Zip
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4. FEI Number
65-1134598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHEMPP, ELIZABETH
3320 LAKE OVERLOOK PLACE
LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name
SCHEMPP, ELIZABETH
Street Address (P.O. Box Number is Not Acceptable)
5946 SHAWNEE DRIVE
City
LAKE WORTH FL Zip Code
33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEMPP, ELIZABETH 3320 LAKE OVERLOOK PLACE LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DREW, DELLA T 6054 SEASHORE DRIVE LANTANA FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 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

1-9-2003

Date

Daytime Phone #

CR2E034 (10/02)