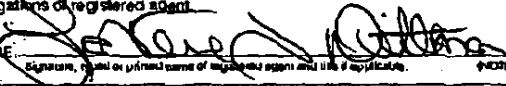
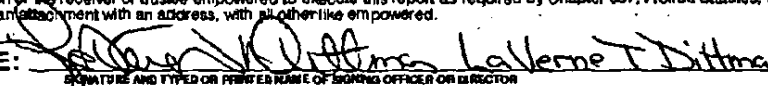


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-02-2003 90390 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000016142		
1. Entity Name DITTO'S MOBILE HOME SERVICES, INC.		
Principal Place of Business 21770 S.E. 63RD PLACE MORRISTON, FL 32668		Mailing Address 21770 S.E. 63RD PLACE MORRISTON, FL 32668
2. Principal Place of Business 26307 Glaspell Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 51191 Suite, Apt. #, etc.
City & State Punta Gorda, FL		City & State Punta Gorda, FL
Zip 33955	Country USA	Zip 33951-1191
4. FEI Number 01-651062821		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DITTMAN, LEE P 21770 S.E. 63RD PLACE MORRISTON, FL 32668		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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:  DATE: 3-26-03 (Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when a change is made.)		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DITTMAN, LEE P 21770 S.E. 63RD PLACE MORRISTON, FL 32668 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DITTMAN, LAVERNE T 21770 S.E. 63RD PLACE MORRISTON, FL 32668 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  3/26/03 941-639-4358 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		