2503 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000059825 DOCUMENT # 1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90200 007 ***150.00

BUY NOW MOBILE HOMES, INC.										
Principal Place of Business 115 MASON AVE DAYTONA BEACH FL 32117 Mailing Address 115 MASON AVE DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117				17		112011	18 8 148 88 41 8 11 8 41 88 414	aani orni salei	Bille (BIB) raki	1 1/407 01/1/1804
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					☐ CHECK HER	E IF MAKING	G CHANGES	3
City & Star	te	City & State			4. FEI Numb		1431	—	pplied For	
Zip	Country	Zip	Zip Country			5. Certificate	of Status Desired		\$8.75 Ad	lot Applicable
	6. Name and Address of Currer	nt Registere	ed Agent			7. Name and	Address of New		<u>.</u>	
					Vame					
=	ephen w		Street Addre			(P.O. Box Number is Not Acceptable)				
115 MAS		•			· · · · · · · · · · · · · · · · · · ·					
DAYTONA	A BEACH FL 32117									
	02 • •				City	•••		FL	Zip Coo	le
the obligat	named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age				office or registere		h, in the State of F	Florida. I am t	amiliar with,	and accept
Aftei	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department OFFICERS ANI	of State				Tru	ection Campaign F st Fund Contribut	ion.	Added	00 May Be d to Fees
TITLE	DO = S	DIRECTO	□ Delete	11.		ADDITIONS/	CHANGES TO OF	-FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	DAYTORA BUY	<u>Α</u> υ. ε 3:	<u> </u>	NAME STREET AU CITY-ST-			•		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET AL CITY-ST-	1				☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip	· -		□ · Delete.	TITLE NAME STREET AC CITY-ST-2		•		~	. Change	☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET AD CITY-ST-2	I				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ZIP				☐ Change	Addition
indicated.	ertify that the information supplied wit	n this filing o	does not qualify for the	he exempti	on stated in Sec	tion 119,07(3)(i)), Florida Statutes.	. I further cert	ify that the ir	nformation

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:

Signaturi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR