2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90211 025 ***150.00

DOCUMENT # P02000118833					04-18-2003 90)211 023	130.00
1. Entity Name MCGUIRE MANUFACTURED HOUSING SERVICES INC.							
				No.	• • • • • • • • • • • • • • • • • • • •	Ξ.	
Principal Place of Business Mailing Address					and the second s	e in the	
2 CURRIN BLVD. MT DORA, FL 32757 MT DORA, FL 32757 2 CURRIN BLVD. MT DORA, FL 32757					A Aur		
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2. Principal Place of Business 3. Mailing Address				·			
Suite, Apt. #, etc. Suite, Apt. #, etc.							
					CHECK HERE IF MAK	ang Changes	
City & State City & State					4. FEI Number	Α	pplied For
2		Country		59-3571550		ot Applicable .	
Zip	Country Zip.		Coun	iry	5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
CIHOSKI, NANCY L				Name			
2 CURRIN BLVD.				Street Address (P.O. Box Number Is Not Acceptable)			
MT DORA, FL 32757				Stock Addition (1.0. Dox Named 15 Not 1 Company)			
	•	•					
				City		FL Zip Coo	le
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept							
the obligations of registered agent.							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Reysure	d Agentsignature required	when reinstating) D/	JE	· .
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. Added to Fees							
10.	OFFICERS ANI	D DIRECTORS	11.	•	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	PD	Delete	100			☐ Change	☐ Addition ᢓ
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	2 CURRIN BLVD.			ET ADDRESS	<u>.</u>		FIGS
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12. Thereby certify that the information supplied with this filling 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							

TEDWANE OF SIGNING OFFICER OR DIRECTOR