

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23978

1. Entity Name

TRIANGLE MOBILE HOMES SALES, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90010 051 \*\*\*150.00

Principal Place of Business

281 TROPICAL ISLES CIR  
FORT PIERCE FL 34982

Mailing Address

281 TROPICAL ISLES CIR  
FORT PIERCE FL 34982-7918  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2083537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHACKET, ROGER  
4140 NW 101 DRIVE  
CORAL SPRINGS FL 33065

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SHACKET, MAURICE  
STREET ADDRESS 500 S OCEAN BLVD #1002  
CITY-ST-ZIP BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME SPIZIZEN, NEIL  
STREET ADDRESS 30230 ORCHARD LAKE RD, STE. 220  
CITY-ST-ZIP FARMINGTON HILLS MI

TITLE VP  
NAME Spizizen, Neil  
STREET ADDRESS 31150 Northwestern Hwy. Ste. 200  
CITY-ST-ZIP Farmington Hills, MI 48334

TITLE ST  
NAME MAPES, BEVERLEY A.  
STREET ADDRESS 867 BEACH BUGGY LN  
CITY-ST-ZIP LINDEN MI 48451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice Shacket 01/26/00 (561)468-4968

Date

Daytime Phone #

CR2E034 (9/99)