

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90005 032 \*\*\*150.00

**DOCUMENT # P93000027847**

1. Entity Name

**S. & W. MOBILE HOMES INC.**

Principal Place of Business

**108 E US 90  
 GLEN ST MARY FL 32040  
 US**

Mailing Address

**108 E US 90  
 GLEN ST MARY FL 32040  
 US**

2. Principal Place of Business

**11200 Normandy Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**8053 Weather Vane Dr.**  
 Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

4. FEI Number

**59-3176693**

Applied For

Not Applicable

Zip

**32221**

Country

**USA**

Zip

**32244**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, BELMONT P JR  
 108 E US 90  
 GLEN ST MARY FL 32040**

7. Name and Address of New Registered Agent

**Smith, Belmont P Jr**  
 Street Address (P.O. Box Number is Not Acceptable)

**11200 Normandy Blvd.**

City **Jacksonville**

**FL**

Zip Code **32221**

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 **BELMONT P. Smith JR**

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

**Belmont P. Smith Jr**

(NOTE: Registered Agent signature required when reinstating)

**3-11-02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SMITH, BELMONT P JR 8053 WEATHER VANE DRIVE JACKSONVILLE FL 32244</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

**Belmont P. Smith Jr**

**Belmont P. Smith, Jr.**

**3/11/02**

**904-545-6794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)