

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90129 022 ***150.00

DOCUMENT # P93000027847

1. Entity Name
S. & W. MOBILE HOMES INC.



Principal Place of Business
11200 NORMANDY BLVD
JACKSONVILLE FL 32221
US

Mailing Address
8053 WEATHER VANE DR
JACKSONVILLE FL 32244
US



2. Principal Place of Business

3. Mailing Address
2283 Southbrook Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orange Park FL

Zip

Country

Zip
32003

Country
USA

4. FEI Number 59-3176693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BELMONT P JR
11200 NORMANDY BLVD
JACKSONVILLE FL 32221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP ☐ Delete
NAME SMITH, BELMONT P JR
STREET ADDRESS 8053 WEATHER VANE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE: DP ☒ Change ☐ Addition
NAME Smith, Belmont P Jr
STREET ADDRESS 8283 Southbrook Dr
CITY-ST-ZIP Orange Park FL 32003

TITLE: ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE: ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)