

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90216 016 ***150.00

DOCUMENT # P95000051073
1. Entity Name
NEW ENGLAND MOBILE ESTATES

Principal Place of Business **Mailing Address**
600 S.W. 62nd Ave **77 East Long Lake**
Hollywood, FL 33023 **Bloomfield Hills**
MI. 48304

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **30300 Telegraph Rd**
Suite 117

City & State **City & State**
Bingham Farms MI
Zip **Country** **Zip** **Country**
48025 **USA**

4. FEI Number **Applied For**
65-0591972 **Not Applicable**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Davis, Robert
600 S.W. 62nd Ave
Hollywood, FL 33023

7. Name and Address of New Registered Agent
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. ☐
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Davis, Robert	
STREET ADDRESS	600 S.W. 62nd Ave	
CITY - ST - ZIP	Hollywood, FL 33023	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Davis, Sandra	
STREET ADDRESS	600 S.W. 62nd Ave	
CITY - ST - ZIP	Hollywood, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not conflict with the information 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 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 of the corporation, and that 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 authority to do so.

SIGNATURE: _____ **4-28-00**
 Signature and typed or printed name of signing officer or director **Date** **Daytime Phone #**

CR2E034 (9/99)