## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P95000085331



## **FILED** Jan 16, 2003 8:00 am Secretary of State

RONNIE'S MANUFACTURED HOMES, INC.					01-16-2003 90156 017 ***150.00		
Principal Place of Business 34299 HWY 27 HAINES CITY FL 33844		Mailing Address 34299 HWY 27 HAINES CITY FL 33844					
2. Principa	Il Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING CHANG	es.
City & State		City & State			4 ECINombras		Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Current I	Registered Agent	<del></del>			Fee Regi	uired
		-g-in-	Name	<del></del>	7. Name and Address of New R	egistered Agent	
34299 H	<u> </u>	Street Address (P.O. Box Number is Not Acceptable)					
HAINES	ļ						
			City			FL Zip C	ode
8. The above the obligation	re named entity submits this statement for ations of registered agent.	the purpose of changing its	registered office	or registered	agent, or both, in the State of Flor	rida. I am familiar wi	th, and accent
SIGNATURE							
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent sign	ature required who	en reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$			·	Election Campaign Fina     Trust Fund Contribution.	ancing _ \$5	.00 May Be
10.	OFFICERS AND D	IRECTORS	11.				ł
TITLE	D	☐ Delete	TITLE	<del>T</del>	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	CLAYTON, RONALD 227 HIGHWAY 27 SOUTH HAINES CITY FL 33844		NAME STREET ADDRESS CITY-ST-ZIP	34299	Hwy 27	🔊 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, PATRICIA 227 HIGHWAY 27 SOUTH HAINES CITY FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	34299	Hwy 27	2 etiange	Addition
	D BEVIS, WILLIS A 2205 U.S. HIGHWAY 27 NORTH DAVENPORT FL 33837	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete □	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby ce	ertify that the information supplied with this	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1-13-03

Daytime Phone #