2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # **P9600001747** 1. Entity Name FRIER MOBILE HOME SALES, INC. 05-04-2001 90004 012 ***150.00 Mailing Address Principal Place of Business 2618 WEST TENNESSEE STREET 2618 WEST TENNESSEE STREET TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 3. Mailing Address 2. Principal Place of Business 2788 US 90 West Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3356142 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALEY WILLIAM J ---Street Address (P.O. Box Number is Not Acceptable) 10 NORTH COLUMBIA STREET LAKE CITY FL 32055 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. <u> 21910</u> Addition DP TITLE ☐ Delete TITLE Frier Matthew 12788 US GO West NAME NAME FRIER, MATTHEW STREET ADDRESS STREET ADDRESS 12788 US 90 W Live Oak, FL 52060 CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 Change ☐ Addition ☐ Delete TITLE NAME FRIER, TODD STREET ADDRESS STREET ADDRESS 12788 US 90 W CITY-ST-7/P CITY-ST-ZIP LIVE OAK FL 32060 ☐ Change ☐ Addition Delete TITLE NAME NAME FRIER, WAYNE STREET ADDRESS STREET ADDRESS 12788 US 90 W CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 ☐ Addition □ Delete TITLE TITLE **BOX, RANDALL** NAME 1519 Jacks. Drive STREET ADDRESS STREET ADDRESS 1519 JACKS DR. Tallahossee, FL 32060 CITY-ST-ZIF CITY-ST-ZIP TALLAHASSEE FL 32301 Addition ☐ Change TITLE ☐ Delete TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/24/01 356-362-6306

☐ Addition

☐ Change