FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 11 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009600

1. Entity Name

Frier Manufactured Home Model Center of Yulee, Inc.

600024297486
11/24/03--01020--001 **550.00

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1619 E. SR 200	12788 US Hwy 90W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Yulee, FL	City & State: Live Oak, FL
Zip: 32097 Country:	Zip: 32060 Country:

4. FEI Number: 59-3362156 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: William J Haley

Street Address (P.O. Box Number is Not Acceptable): 10 N Columbia St.

City: Lake City FL Zip Code: 32055

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: William J Haley 12-8-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

600024297486
11/24/03--01020--001 **200.00

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P/S	TITLE	
NAME	Mathew W. Frier	NAME	
STREET ADDRESS	12788 US Hwy 90W	STREET ADDRESS	
CITY-ST-ZIP	Live Oak, FL 32060	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	James L. Johnson	NAME	
STREET ADDRESS	1740 Leslie Ct.	STREET ADDRESS	
CITY-ST-ZIP	Fernandina Beach, FL 32034	CITY-ST-ZIP	
TITLE	D/V	TITLE	
NAME	Rayre Frier	NAME	
STREET ADDRESS	12788 US Hwy 90W	STREET ADDRESS	
CITY-ST-ZIP	Live Oak, FL 32060	CITY-ST-ZIP	
TITLE	D/T	TITLE	
NAME	Todd D. Frier	NAME	
STREET ADDRESS	12788 US Hwy 90W	STREET ADDRESS	
CITY-ST-ZIP	Live Oak, FL 32060	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Todd Frier Todd Frier 10-29-03 386-362-2720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #