

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0591726 AT

DOCUMENT # P96000037069

1. Entity Name

FOUR STAR MOBILE HOMES OF ORLANDO, INC.

02-07-2002 90316 021 ***150.00

Principal Place of Business

**7339 E COLONIAL DRIVE
 STE 7
 ORLANDO FL 32807
 US**

Mailing Address

**7339 E COLONIAL DRIVE
 STE 7
 ORLANDO FL 32807
 US**



2. Principal Place of Business

17884 EAST COLONIAL DR

3. Mailing Address

17884 EAST COLONIAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL 32820

City & State

ORLANDO FL

4. FEI Number

59-3376395

Applied For

Not Applicable

Zip

32820

Country

USA

Zip

32820

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNING, ROBERT F.

**7339 E COLONIAL DR 7
 ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name **BROWNING, ROBERT F**

Street Address (P.O. Box Number is Not Acceptable)

17884 EAST COLONIAL DR.

City **ORLANDO**

FL

Zip Code **32820**

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

ROBERT F. BROWNING PSDT

1-18-02

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PSDT** ☐ Delete
 NAME **BROWNING, ROBERT F**
 STREET ADDRESS **P O BOX 574993**
 CITY-ST-ZIP **ORLANDO FL 32857**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSDT** ☒ Change ☐ Addition
 NAME **BROWNING, ROBERT F**
 STREET ADDRESS **17884 EAST COLONIAL DR.**
 CITY-ST-ZIP **ORLANDO FL 32820**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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.

SIGNATURE:

Robert F. Browning
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

Date

407-568-0878

Daytime Phone #

CR2E034 (9/01)