

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90228 025 \*\*\*150.00

DOCUMENT # P96000052808

1. Entity Name

CENTURY MOBILE MANOR, INC.

Principal Place of Business

6735-54TH AVE N.
ST. PETERSBURG FL 33710
US

Mailing Address

29605 US 19 N.
#1360
CLEARWATER FL 33761-1537
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3387130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEASE, THOMAS E CPA
CRITERION CENTER, SUTIE 130
29605 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

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. (See criteria on back)

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 P Delete
NAME ADAM MCGAVIN JR
STREET ADDRESS 2269 S UNIVERSITY AVE., #112
CITY-ST-ZIP DAVIE FL

TITLE S Delete
NAME THOMAS E. PEASE
STREET ADDRESS 29605 US 19 NORTH #130
CITY-ST-ZIP CLEARWATER FL 33761

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS E. PEASE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 727-785-7460



DO NOT WRITE IN THIS SPACE