

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90289 006 ***150.00

DOCUMENT # P96000052808

1. Entity Name
CENTURY MOBILE MANOR, INC.

C0013695



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6735-54TH AVE N. ST. PETERSBURG FL 33710 US	Mailing Address 29605 US 19 N. #1360 CLEARWATER FL 34621 US
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2. Principal Place of Business 1951 LAKE DAISY RD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER HAVEN FL	City & State
Zip 33884	Country POLK

4. FEI Number 59-3387130	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME P ADAM MCGAVIN JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2269 S UNIVERSITY AVE., #112	
CITY-ST-ZIP DAVIE FL	
TITLE NAME S THOMAS E. PEASE	<input type="checkbox"/> Delete
STREET ADDRESS 29065 US 19 NORTH #130	
CITY-ST-ZIP CLEARWATER FL 33761	
TITLE NAME ELIZABETH BRAUNTON	<input type="checkbox"/> Delete
STREET ADDRESS 3301 AVE G NW	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE NAME GEORGE BRAUNTON	<input type="checkbox"/> Delete
STREET ADDRESS 3301 AVE G NW	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME VP D T S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E Pease **THOMAS E PEASE** 1/26/01 727-785-2460
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)