


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90472 043 \*\*\*150.00

**DOCUMENT # P96000052808**

1. Entity Name  
**CENTURY MOBILE MANOR, INC.**



Principal Place of Business  
**1951 LAKE DAISY RD.  
WINTER HAVEN FL 33884  
US**

Mailing Address  
**29605 US 19 N.  
#1360  
CLEARWATER FL 34621  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3387130**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEASE, THOMAS E CPA  
CRITERION CENTER, SUITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS E. PEASE</b>	
STREET ADDRESS	<b>29065 US 19 NORTH #130</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33761</b>	
TITLE	<b>VDTS</b>	<input type="checkbox"/> Delete
NAME	<b>BRANTON, ELIZABETH</b>	
STREET ADDRESS	<b>3301 AVE G NW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BRANTON, GEORGE</b>	
STREET ADDRESS	<b>3301 AVE G NW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED THOMAS E PEASE** 3/11/03 727-785-746 C

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

CR2E034 (10/02)