FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR

SIGNATURES

May 14, 2001 8:00 am DOCUMENT # **P96000057777** Secretary of State MOBILE HOME PARTS AND SUPPLIES, INC. 05-14-2001 90081 038 \*\*\*150.00 Principal Place of Business Mailing Address ss 115 Massachusetes 1604-BATAAN-LANE Pensacole, Fla GULF BREEZE FL 92561 CHARACAR GULF BREEZE FL 32561 ace of Busines 3. Mailing Address Rusettes Ave 15 Massac Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3389845 Not Applicable Country E SCar \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, MELVIN R. Street Addres er is Not Acceptable)
488aCLU Settes -1804 BATAAN LANE GULF BREEZE FL 32581 City 2505 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 4-26-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE Delete TITLE SMPH, MELVIN R NAME NAME Massachusette 1604 BATAAN LANE STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 CITY-ST-ZIP CITY-ST-21P TITLE X Delete TITLE Change SMITH, QEBORAH J NAME NAME 1604 BATAAN LANE STREET ADDRESS STREET ADDRESS GULF BREEZE FL 32561 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Fir Change - Addition Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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