## 2000 UNIFORM BUSINESS REPORT (UBR)

Jody Buchan

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P96000068384 May 18, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN DREAM MOBILE HOME SERVICES, INC. 05-18-2000 90317 031 \*\*\*150.00 Mailing Address Principal Place of Business 3131 AMELIA RD 3131 AMELIA RD FERNANDINA BCH FL 32034-9207 FERNANDINA BCH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3395471 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BUCHAN, JODY** Street Address (P.O. Box Number is Not Acceptable) 3131 AMELIA RD FERNANDINA FL 32034 Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name; SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE □ Delete TITI F **BUCHAN, JODY** NAME NAME STREET ADDRESS 3131 AMELIA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA FL 32034 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

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