**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 06, 2001 8:00 am Secretary of State DOCUMENT # P96000068689 1. Entity Name HUDZ MANUFACTURED HOUSING, INC. 08-06-2001 90002 038 \*\*\*550 00 Principal Place of Business Mailing Address **4071 W LAFAYETTE STREET 4071 W LAFAYETTE STREET** MARIANNA FL 32448 MARIANNA FL 32448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3397161 Not Applicable Zip Country Country \$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 HAMILTON, ELOUISE H Street Address (P.O. Box Number is Not Acceptable) 4003 W LAFAYETTE ST **MARIANNA FL 32446** 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HAMILTON, ELOUISE H NAME NAME STREET ADDRESS **4003 W LAFAYETTE ST** STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAMILTON, BOBBY NAME STREET ADDRESS STREET ADDRESS **400 SW LAFAYETTE ST** CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP-CITY-ST-ZIP\_ TITLE 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 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.

2-0/851.536-7777