

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90125 001 *****8.75

04-24-2001 90125 002 ***150.00

DOCUMENT # P97000023173

1. Entity Name

PREFERRED MOBILE HOME SALES, INC.

Principal Place of Business

126 WEST ADAMS, SUITE 221
JACKSONVILLE FL 32202

Mailing Address

126 WEST ADAMS, SUITE 221
JACKSONVILLE FL 32202

2. Principal Place of Business

8149-1 103rd St

3. Mailing Address

8149-1 103rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville FL

Jacksonville, FL

City & State

City & State

4. FEI Number 59-3444366

Applied For

Not Applicable

Zip 32210

Country DUVAI

Zip 32210

Country DUVAI

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POHLMAN, MARK S
801 WEST BAY DRIVE, #515
LARGO FL 33770

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

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
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD
NAME KAEMMER, JERRY
STREET ADDRESS 126 WEST ADAMS, SUITE 221
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE VSD
NAME KAEMMER, JACK
STREET ADDRESS 126 WEST ADAMS, SUITE 221
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME Kaemmer, Jerry
STREET ADDRESS 8149-1 103rd St
CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition

TITLE VSD
NAME Kaemmer, Jack
STREET ADDRESS 8149-1 103rd St
CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

813-478-0378

Daytime Phone #

CR2E034 (10/00)