2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # **P97000104656** 1. Entity Name A & J MOBILE HOME SERVICE, INC. 05-10-2001 90134 026 ***150.00 Principal Place of Business Mailing Address 6220 LITTLE BITS TRAIL 6220 LITTLE BITS TRAIL MILTON FL 32583 MILTON FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3481931 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required _ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOWE, JAMES H Street Address (P.O. Box Number is Not Acceptable) 4373 SABLAN LANE MILTON FL 32583 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DPT ☐ Delete TITLE TITLE NAME NAME LOWE, JAMES H STREET ADDRESS STREET ADDRESS 4373 SABLAN LANE CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32583 Change ☐ Addition TITI F TITLE DVS Delete NAME NAME LOWE, BARBARA A STREET ADDRESS STREET ADDRESS 4373 SABLAN LANE CITY-ST-7IP CITY-ST-ZIP MILTON FL 32583 ☐ Change ☐ Addition Delete 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 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date Daytime Phone #