

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90348 003 \*\*\*150.00

DOCUMENT # **P98000062578**

1. Entity Name  
**ALPINE COUNTRY MOBILE HOMES, INC.**

Principal Place of Business Mailing Address

**768648**

2. Principal Place of Business **6801 LAKE WORTH RD.** 3. Mailing Address **6801 LAKE WORTH RD.**

Suite, Apt. #, etc. **SUITE 252** Suite, Apt. #, etc. **SUITE 252**

City & State **LAKE WORTH, FL** City & State **LAKE WORTH, FL**

4. FEI Number **65-0852511** Applied For  Not Applicable

Zip **33467** Country **USA** Zip **33467** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

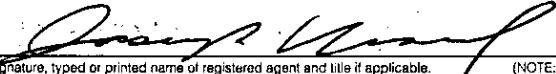
6. Name and Address of Current Registered Agent

**RICHARD G. CHOSID, ESQ**

7. Name and Address of New Registered Agent

Name **JOSEPH WARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6801 LAKE WORTH RD. SUITE 252**  
 City **LAKE WORTH** **FL** Zip Code **33467**

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  **JOSEPH WARD** DATE **4/29/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **JOSEPH WARD**  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6801 LAKE WORTH RD STE 252**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **C**  Delete  
 NAME **ROBIN SCHICRA**  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **6801 LAKE WORTH RD STE 252**  
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

~~TITLE  Delete  
 NAME **JOUD H. WARD**  
 STREET ADDRESS  
 CITY-ST-ZIP~~

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **RICHARD MOORE**  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP


TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:  **ROBIN SCHICRA** DATE **4-29-01** (561) 753-3085  
Signature and typed or printed name of signing officer or director. Daytime Phone #