

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074064****1. Entity Name**
MODULAR HOUSING, INC.**Principal Place of Business****2520 NOBLE DRIVE
TALLAHASSEE FL 32312****Mailing Address****2520 NOBLE DRIVE
TALLAHASSEE FL 32312****2. Principal Place of Business****3075 ROYAL PALM WAY**

Suite, Apt. #, etc.

3. Mailing Address**3075 ROYAL PALM WAY**

Suite, Apt. #, etc.

City & State**TALLAHASSEE, FLORIDA****City & State****TALLAHASSEE, FLORIDA****Zip****32308****Country****LEON****Zip****32308****Country****LEON****6. Name and Address of Current Registered Agent****HADDAD, NAZIH
2520 NOBLE DRIVE
TALLAHASSEE FL 32312****4. FEI Number** **59-3528370****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****7. Name and Address of New Registered Agent****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**1/8/01****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** **P** ☐ Delete
NAME **BOULOS, ANTOINE**
STREET ADDRESS **3075 ROYAL PALM WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308****TITLE** **T** ☐ Delete
NAME **HADDAD, NAZIH K**
STREET ADDRESS **2520 NOBLE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #****Antoine Boulos****1/8/01****850 2288444**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)