

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90005 047 ***150.00

DOCUMENT # P98000078764

1. Entity Name

ALL ABOUT MOBILE HOMES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

667 SOUTH DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

3317 N.E. 16 COURT

Suite, Apt. #, etc.

80090604

DO NOT WRITE IN THIS SPACE

City & State

COMPANO BEACH, FL

Zip

33063

Country

City & State

FT. LAUDERDALE, FL

Zip

33305

Country

4. FEI Number

65-0867738

Applied For

Not Applicable

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

Name

GREGORY A. BAUM

Street Address (P.O. Box Number is Not Acceptable)

3317 N.E. 16 COURT

City

FT. LAUDERDALE

FL

Zip Code

33305

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.

GREGORY BAUM, PRES.

4/29/00

(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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PID
GREGORY A. BAUM
3317 NE 16 CT
FT. LAUDERDALE, FL 33305

☐ Delete

TITLE
NAME
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☐ 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

GREGORY BAUM

4/29/00

Date

Daytime Phone #

(954)

783-9577

CR2E034 (9/99)