

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90247 014 \*\*\*150.00

**DOCUMENT # P98000099215**

**1. Entity Name**  
**COUNTRYSIDE MOBILE HOME SALES, INC.**



**Principal Place of Business**  
**3880 NORTH U.S. HIGHWAY 441**  
**OCALA FL 34475**

**Mailing Address**  
**4020 SOUTH PINE AVENUE**  
**OCALA FL 34480**

**4020 S. Pine Ave**  
**OCALA, FL 34480**

**2. Principal Place of Business**

**4020 S. PINE AVE**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**6. Name and Address of Current Registered Agent**

**KINDER, JACK SR.**  
**4020 SOUTH PINE AVENUE**  
**OCALA FL 34480**

**4. FEI Number** **59-3544156**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**7. Name and Address of New Registered Agent**

**Name** **JACK D. KINDER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4020 S. PINE AVE**

**City** **OCALA** **FL** **Zip Code** **34480**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**   
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**1/20/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **KINDER, JACK SR.** **4020 S. Pine Ave**  
**STREET ADDRESS** **3880 N.W. WIRE ROAD (US 441 NORTH)**  
**CITY-ST-ZIP** **OCALA FL 34475 34480**

**TITLE** **JACK D. KINDER** ☐ Delete  
**NAME** **4020 S. Pine Ave**  
**STREET ADDRESS** **OCALA FL 34480**  
**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**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **KINDER, JACK SR.**  
**STREET ADDRESS** **4020 S. PINE AVE**  
**CITY-ST-ZIP** **OCALA, FL. 34480**

**TITLE** **PRES.** ☐ Change ☒ Addition  
**NAME** **KINDER, JACK D.**  
**STREET ADDRESS** **4020 S PINE AVE**  
**CITY-ST-ZIP** **OCALA, FL. 34480**

**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**

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/03** **(352) 622-2460**  
Date Daytime Phone #

CR2E034 (10/02)