

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90034 007 ***150.00

DOCUMENT # P99000003982

1. Entity Name
FOUR STAR MOBILE HOME SALES, INC.

Principal Place of Business

**7339 E COLONIAL DR #7
 ORLANDO FL 32807**

Mailing Address

**7339 E COLONIAL DR #7
 ORLANDO FL 32807**

2. Principal Place of Business

2580 N NARCOOSSEE RD.

3. Mailing Address

17884 E. COLONIAL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAINT CLOUD FL

City & State

ORLANDO FL 32820

4. FEI Number

59-3550277

Applied For

Not Applicable

Zip

34771

Country

USA

Zip

32820

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BROWNING, ROBERT F
 7339 E COLONIAL DR #7
 ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name **BROWNING, ROBERT F.**

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

17884 EAST COLONIAL DR

City **ORLANDO**

FL

Zip Code **32820**

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

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, 2002 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 **PT** ☐ Delete
 NAME **EAZOR, THOMAS C**
 STREET ADDRESS **5696 MERLIN WAY**
 CITY-ST-ZIP **SAINT CLOUD FL 34772**

TITLE **VPS** ☐ Delete
 NAME **BROWNING, ROBERT F**
 STREET ADDRESS **7339 E. COLONIAL DR. #7**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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 **VPS** ☒ Change ☐ Addition
 NAME **BROWNING, ROBERT F**
 STREET ADDRESS **17884 EAST COLONIAL DR.**
 CITY-ST-ZIP **ORLANDO FL 32820**

TITLE ☐ Change ☐ Addition
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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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02

407-568-0878

Date

Daytime Phone #

CR2E034 (9/01)