

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90263 017 ***150.00

DOCUMENT # P99000040744

1. Entity Name

MOM AND POP'S MOBILE HOME SALES, INC.

Principal Place of Business

Mailing Address

**4431 SW 64 AVE. SUITE 112
DAVIE FL 33314****4431 SW 64 AVE. SUITE 112
DAVIE FL 33314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0925626**

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

**STONE, PHYLLIS
461 NW 135 WAY
PLANTATION FL 33325**

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 _____

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	D	<input type="checkbox"/> Delete
NAME	STONE, S.A.	
STREET ADDRESS	461 NW 135 WAY	
CITY-ST-ZIP	PLANTATION FL 33325	

TITLE	Sec'ty	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. A. Stone	
STREET ADDRESS	461 N.W. 135 Way	
CITY-ST-ZIP	Plantation, Fl. 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, PHYLLIS	
STREET ADDRESS	461 NW 135 WAY	
CITY-ST-ZIP	PLANTATION FL 33325	

TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stone, Phyllis	
STREET ADDRESS	461 N.W. 135 Way	
CITY-ST-ZIP	Plantation, Fl. 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLICKMAN, ROBERT	
STREET ADDRESS	10802 DENVER DR	
CITY-ST-ZIP	EMBASSY LAKES FL 33026	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stone, S. A.	
STREET ADDRESS	461 N.W. 135 Way	
CITY-ST-ZIP	Plantation, Fl. 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stone, Phyllis	
STREET ADDRESS	461 N.W. 135 Way	
CITY-ST-ZIP	Plantation, Fl. 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:*Phyllis Stone*
PHYLLIS STONE - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27-01
Date*954-581-6330*
Daytime Phone #

CR2E034 (10/00)