

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90086 012 ***150.00

DOCUMENT # P99000048300

1. Entity Name
ACCESS MOBILE HOMES, INC.

Principal Place of Business

~~8485 FEDERAL HWY~~
~~PORT SAINT LUCIE FL 34952~~

Mailing Address

~~8485 FEDERAL HWY~~
~~PORT SAINT LUCIE FL 34952~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8418 S US Hwy 1
 Suite, Apt. #, etc.

3. Mailing Address

8418 S US Hwy 1
 Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number **65-0922554**

Applied For
 Not Applicable

Zip
 34952

Country
 USA

Zip
 34952

Country
 USA

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

FARRELL, RICKEY L
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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 *Dawn Steinhurst*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-09-01
 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	STEINHURST, DAWN M	
STREET ADDRESS	149 NE CAPEONA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dawn Steinhurst*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-01 561-343-8988
 Date Daytime Phone #

CR2E034 (10/00)