

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90001 031 ***150.00

DOCUMENT # P99000083340

1. Entity Name
MANUFACTURED HOUSING SUPPLY, INC.

Principal Place of Business

Mailing Address

~~3430 PARRISH RIDGE LANE~~
~~VALRICO FL 33594~~

~~3430 PARRISH RIDGE LANE~~
~~VALRICO FL 33594~~

2. Principal Place of Business

11206 Winn Road
 Suite, Apt. #, etc.

3. Mailing Address

11206 Winn Road
 Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Riverview, FL

4. FEI Number

59-3599660

Applied For

Not Applicable

Zip **33569**

Country **USA**

Zip **33569**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OAKES, NEAL E
~~3430 PARRISH RIDGE LANE~~
~~VALRICO FL 33594~~

7. Name and Address of New Registered Agent

Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
11206 Winn Road
 City **Riverview** **FL** Zip Code **33569**

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 **D** ☐ Delete
 NAME **OAKES, NEAL E**
 STREET ADDRESS ~~3430 PARRISH RIDGE LANE~~
 CITY-ST-ZIP ~~VALRICO FL 33594~~

TITLE **D** ☐ Delete
 NAME **OAKES, SHELLY K**
 STREET ADDRESS ~~3430 PARRISH RIDGE LANE~~
 CITY-ST-ZIP ~~VALRICO FL 33594~~

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **11206 Winn Road**
 CITY-ST-ZIP **Riverview FL 33569**

TITLE **Same** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **11206 Winn Road**
 CITY-ST-ZIP **Riverview FL 33569**

TITLE ☐ Change ☐ Addition
 NAME
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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: **Shelly K. Oakes** **2/25/02 813-671-9292**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)