

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90477 001 ***572.50

DOCUMENT # **P99 000101135**

1. Entity Name

Mobilehome parkbuyer.com, Inc.

Principal Place of Business

**3495-5 Thomasville Road
Tallahassee FL 32308**

Mailing Address

**3495-5 Thomasville Road
Tallahassee FL 32308**

2. Principal Place of Business

**631-A Capital Circle NW
Suite, Apt. #, etc.**

3. Mailing Address

**631-A Capital Circle NW
Suite, Apt. #, etc.**

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32304 USA

Zip

32304 USA

4. FEI Number

593610815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Arthur Thomas
3495-5 Thomasville Road
Tallahassee FL 32308**

7. Name and Address of New Registered Agent

Name **Adrian C Fletcher**

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

631-A Capital Circle NW

City

Tallahassee

FL

Zip Code

32304

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

Adrian C Fletcher

Adrian C Fletcher

5/1/01

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

(NOT) 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

TITLE **P/D** ☐ Delete
NAME **Adrian C Fletcher**
STREET ADDRESS **3495-5 Thomasville Road**
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **P/D** ☒ Change ☐ Addition
NAME **Adrian C Fletcher**
STREET ADDRESS **631-A Capital Circle NW**
CITY-ST-ZIP **Tallahassee FL 32304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Adrian C Fletcher

Adrian C Fletcher

5/1/01

850 980 2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)