

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90384 020 \*\*\*150.00

0611005 AT

**DOCUMENT # 279947**

1. Entity Name  
**PALM HARBOR HOMES, INC.**

Principal Place of Business      Mailing Address  
**15303 DALLAS PARKWAY**      **15303 DALLAS PARKWAY**  
**SUITE 800**      **SUITE 800**  
**ADDISON TX 75001**      **ADDISON TX 75001**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1036634**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>POSEY, LEE</b> <b>17427 CLUB HILL DRIVE</b> <b>DALLAS TX 75248</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-TECH</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RALPH RUSSELL</b> <b>3805 BRAEWOOD CIRCLE</b> <b>PLANO, TX 75093</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>KEENER, LARRY</b> <b>1804 KINGS ISLE</b> <b>PLANO TX 75093</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FREDERICK MEYER</b> <b>2121 SAN JACINTO, STE 895, DALLAS, TX</b> <b>75201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>CHANEY, SCOTT</b> <b>5912 ROYAL PALM DRIVE</b> <b>PLANO TX 75093</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SCFO</b> <b>TACKE, KELLY</b> <b>4943 SANDESTIN</b> <b>DALLAS TX 75287</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARTIN, SCOTT</b> <b>17200 WESTGROVE, #2216</b> <b>DALLAS TX 75248</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, WILLIAM R</b> <b>7418 OVERDALE DRIVE</b> <b>DALLAS TX 75240</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kelly Tacke **SIGNATURE REQUIRED**      Date: 4/9/02      Daytime Phone #: 972.991.8422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)