

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90213 019 ***150.00

DOCUMENT # 822899

1. Entity Name

PHOENIX MOBILE HOMES, INC.

Principal Place of Business

Mailing Address

1330 CHARLESTOWN ROAD
 PHOENIXVILLE PA 19460

1330 CHARLESTOWN ROAD
 PHOENIXVILLE PA 19460-2335

0011106

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1570943**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	OVERSTREET, JAMES	
STREET ADDRESS	1330 CHARLESTOWN RD.	
CITY-ST-ZIP	PHOENIXVILLE PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIFER, ELIZABETH	
STREET ADDRESS	1281 JANIC LAN BOX 157	
CITY-ST-ZIP	BIRCHRUNVILLE PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIFER, ELIZABETH	
STREET ADDRESS	1281 JANIE LANE BOX 157	
CITY-ST-ZIP	BIRCHRUNVILLE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth A. Fifer* Elizabeth A. Fifer, Corp. Sec. & Treas. 1/24/00 6109335627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #