

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am
Secretary of State**

05-03-2001 90059 028 ***150.00

DOCUMENT # 361754

1. Entity Name

FLORIDA MADE HOMES INC

Principal Place of Business

**16500 SW WARFIELD BLVD
P O BOX 1
INDIANTOWN FL 34956-7001**

Mailing Address

**16500 SW WARFIELD BLVD
P O BOX 1
INDIANTOWN FL 34956-7001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1297514**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALL, IRIS
16500 S W PALOMINO STREET
INDIANTOWN FL 34956**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
PD	WALL, IRIS C	16500 SW PALOMINO ST	INDIANTOWN, FL 00000	☐					☐	☐
SD	LAWRENCE, CAROLYN W	16200 SW MAPLE AVE	INDIANTOWN, FL 00000	☐					☐	☐
VPD	EDWARDS, CRAIG	15801 SW PALOMINO ST	INDIANTOWN FL 34956	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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: Carolyn Lawrence Carolyn Lawrence

4/25/01

561-597-3506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)