

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90114 001 ***158.75

0645134 AT

DOCUMENT # P03134

1. Entity Name
LOWDER NEW HOMES, INC.



Principal Place of Business
**2000 INTERSTATE PARK DR.
SUITE 400
MONTGOMERY AL 36109**

Mailing Address
**2000 INTERSTATE PARK DR.
SUITE 400
MONTGOMERY AL 36109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0383548**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD LOWDER, JAMES K. 2000 INTERSTATE PARK DR. MONTGOMERY AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWDER, THOMAS H. 2101 6TH AVENUE NORTH STE 750 BIRMINGHAM AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRIOR, ALAN S 2000 INTERSTATE PK MONTGOMERY AL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST TUCKER, BRYAN K 2000 INTERSTATE PARK DR MONTGOMERY AL 36109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLEOD, P L JR 2000 INTERSTATE PARK DR MONTGOMERY AL 36109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALIBA, CHARLES S 2000 INTERSTATE PARK DR MONTGOMERY AL 36109	☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

(334) 270-6638

CR2E034 (10/02)