

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90129 022 ***150.00

DOCUMENT # P93000004082



1. Entity Name
J. CHRISTOPHER HOMES, INC.

Principal Place of Business
**31129 INDUSTRY DRIVE
TAVARES FL 32778**

Mailing Address
**31129 INDUSTRY DRIVE
TAVARES FL 32778**



2. Principal Place of Business
3714 CR 561
Suite, Apt. #, etc.

3. Mailing Address
3714 CR 561
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tavares, FL
Zip
32778
Country

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Tavares, FL
Zip
32778
Country

4. FEI Number
59-3160098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUGHMAN, J B
31129 INDUSTRY DR
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3714 CR 561
City **Tavares** **FL** Zip Code **32778**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOWERS, MICHAEL C 1526 FAYNSTOCK STREET EUSTIS FL 32726	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT BAUGHMAN, J B 1077 CEASARS COURT MOUNT DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITZ, STEVE 801 CLUB HILLS DR EUSTIS FL 32726	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

35-03 352-343-8551
Date Daytime Phone #

CR2E034 (10/02)