

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90297 019 ***150.00

DOCUMENT # P95000049434

1. Entity Name

FERRARINI CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

**1684 BRIDGEWATER DR
 HEATHROW FL 32746**

**1684 BRIDGEWATER DR
 HEATHROW FL 32746-4103**

2. Principal Place of Business

3. Mailing Address

1720 BRIDGEWATER DR 1720 BRIDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HEATHROW FL

City & State
HEATHROW FL

4. FEI Number **59-3322551**

Applied For
 Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

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

**FERRARINI, DAVID F
 1684 BRIDGEWATER DR
 HEATHROW FL 32746**

Name
FERRARINI, DAVID F.

Street Address (P.O. Box Number is Not Acceptable)

1720 BRIDGEWATER DR

City
HEATHROW

FL

Zip Code
32746

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 *David F. Ferrarini*

1.6.99

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARINI, DAVID F	NAME	
STREET ADDRESS	1684 BRIDGEWATER DR	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARINI, TERESA L	NAME	
STREET ADDRESS	1684 BRIDGEWATER DR	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David F. Ferrarini*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.99

407444 9954

Date

Daytime Phone #

CR2E034 (9/99)