

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**  
 02-24-2000 90072 025 \*\*\*150.00

DOCUMENT # P95000057627  
 1. Entity Name  
PAide Homes, Inc. ✓

Principal Place of Business Mailing Address:  
5103 Carter Spencer Rd.  
Middleburg, FL 32068

**811975**

2. Principal Place of Business 3. Mailing Address  
5103 Carter Spencer Rd  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
SAME

DO NOT WRITE IN THIS SPACE

City & State Middleburg FL ← City & State  
 Zip 32068 Country USA Zip Country

4. FEI Number 59-3327569 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
JoAnn Pridemore  
5103 Carter Spencer Rd.  
Middleburg, FL 32068

7. Name and Address of New Registered Agent  
 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 JoAnn Pridemore JoAnn Pridemore 1-29-00  
Signature of registered agent 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JoAnn Pridemore</u> <input type="checkbox"/> Delete <u>5103 Carter Spencer Rd</u> <u>President</u> <u>Middleburg, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Roger Pridemore</u> <input type="checkbox"/> Delete <u>5103 Carter Spencer Rd</u> <u>Treasurer</u> <u>Middleburg FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>John Carcy</u> <input checked="" type="checkbox"/> Delete <u>2418 Range Line Rd</u> <u>Secretary</u> <u>Middleburg, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Richard D. Hoftus</u> <u>5105 Carter Spencer Rd</u> <u>Middleburg, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JoAnn Pridemore JoAnn Pridemore 1-28-00 291-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)