

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90095 022 ***150.00

DOCUMENT # P95000057627



1. Entity Name
PRIDE HOMES, INC.

Principal Place of Business
**5103 CARTER SPENCER ROAD
MIDDLEBURG FL 32068**

Mailing Address
**5103 CARTER SPENCER ROAD
MIDDLEBURG FL 32068**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3327569

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

**PRIDEMORE, JOANN
5103 CARTER SPENCER ROAD
MIDDLEBURG FL 32068**

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

Signature, typed or printed name of registered agent and title if applicable.

(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	PD	<input type="checkbox"/> Delete
NAME	PRIDEMORE, JOANN	
STREET ADDRESS	5103 CARTER SPENCER ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRIDEMORE, ROGER	
STREET ADDRESS	5103 CARTER SPENCER ROAD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOFTUS, RICHARD D	
STREET ADDRESS	5105 CARTER SPENCER RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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

1-29-03 **904 291 2000**
Date Daytime Phone #

CR2E034 (10/02)