

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90063 031 ***158.75

DOCUMENT # P97000041787

1. Entity Name
COURTER HOMES, INC.

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| Principal Place of Business 8639 N. HIMES AVENUE APT 2817 TAMPA FL 33614 | Mailing Address 8639 N. HIMES AVENUE APT 2817 TAMPA FL 33614-1664 |
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| 2. Principal Place of Business 2980 SWAN CIRCLE Suite, Apt. #, etc. | 3. Mailing Address 1314 TAMPA RD Suite, Apt. #, etc. 106 |
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DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------------|---------------------------------------|--|--|
| City & State DUNEDIN FL | City & State PALM HARBOR FL | 4. FEI Number 59-3453360 | Applied For <input type="checkbox"/> |
| Zip 34698 | Country USA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | Not Applicable <input type="checkbox"/> |

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| 6. Name and Address of Current Registered Agent COURTER, CHARLES 8639 N. HIMES AVENUE APT 2817 TAMPA FL 33261-4 | 7. Name and Address of New Registered Agent Name CHARLES COURTER Street Address (P.O. Box Number is Not Acceptable) 2980 SWAN CIRCLE City DUNEDIN FL Zip Code 34698 |
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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 *Charles A. Courter* **CHARLES A. COURTER PRESIDENT** 2/06/00
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. <input type="checkbox"/> <small>(See criteria on back)</small> | 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 <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COURTER, CHARLES 8639 N. HIMES AVENUE TAMPA FL 33261-4 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COCUZZA, RODNEY M 17 PHILIPS MILL DR MIDDLETOWN NJ 07748 <input checked="" type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Charles A. Courter* **CHARLES A. COURTER PRESIDENT** 2/06/00 727-638-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #