

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90033 018 ***150.00

DOCUMENT # P97000041787

1. Entity Name
COURTER HOMES, INC.

Principal Place of Business 2980 SWAN CIRCLE DUNEDIN FL 34698	Mailing Address 1314 TAMPA RD 106 PALM HARBOR FL 34683
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110030000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2840 SWAN CIRCLE	3. Mailing Address 2840 SWAN CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DUNEDIN FL	City & State DUNEDIN, FL
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4. FEI Number 59-3453360	Applied for Not Applicable
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Zip 34698	Country US	Zip 34698	Country US
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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

**COURTER, CHARLES
2980 SWAN CIRCLE
DUNEDIN FL 34698**

Name COURTER, CHARLES
Street Address (P.O. Box Number is Not Acceptable) 2840 SWAN CIRCLE
City DUNEDIN
State FL
Zip Code 34698

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 Courter* DATE 4/10/01
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURTER, CHARLES 8639 N. HIMES AVENUE TAMPA FL 33261-4	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURTER, CHARLES 2840 SWAN CIRCLE DUNEDIN, FL 34698	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *Charles A. Courter* **DIRECTOR** DATE 4/10/01 727-736-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)