

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90030 041 ***150.00

DOCUMENT # **998 0000 70260**

1. Entity Name

AMERICAN LEISURE HOMES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 W IRLO BRANSON HWY

3. Mailing Address

5260 W IRLO BRANSON HWY

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

Zip

34746

Country

Zip

34746

Country

4. FEI Number

59-3526644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MALCOLM WRIGHT

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

2701 SPIVET LANE

City

ORLANDO

FL

Zip Code
32837

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

PRESIDENT

4/30/02

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD MALCOLM WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILLIAN WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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 on an attachment with an address, with all other like attachments.

SIGNATURE:

PRESIDENT

4/30/02

407-421-6660

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #