2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90440 001 ***150.00
02-25-2003 90440 002 *****8.75

DOCUMENT # P98000105178

1. Entity Name
LACERTE HOMES, INC.

Principal Place of Business	Mailing Address
9551 HIGHWAY 78 WEST OKEECHOBEE FL 34974	9551 HIGHWAY 78 WEST OKEECHOBEE FL 34974

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	2436 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 386
City & State	City & State Lighthouse Point, FL
Zip / Country	Zip 33064 / Country Broward

4. FEI Number 65-0932928 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LACERTE, JEAN L 902 N.E. 1ST ST POMPANO BEACH FL 33060	Name: Jean-Louis Lacerte Street Address (P.O. Box Number is Not Acceptable): 2436 N. Federal Hwy PMB 386 City: Lighthouse Point FL Zip Code 33064

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LACERTE, JEAN LOUIS	NAME	
STREET ADDRESS	902 N.E. 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Jean Louis Lacerte 2-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #