

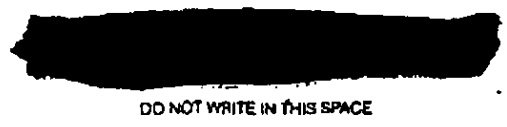
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043490

1. Entity Name
SEGUR HOMES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08-03-2000 90001 037 ***150.00
00 SEP 14 PM 12:36

Principal Place of Business Mailing Address
342 NEW YORK DR. 342 NEW YORK DR.
FORT MYERS FL 33905 FORT MYERS FL 33905-2981



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

City & State City & State
Zip Country Zip Country

4. FEI Number: **65-0921801** Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KLANKOWSKI, KEITH H
13102 PALM BEACH BLVD. S.E. STE. D
FORT MYERS FL 33905

7. Name and Address of New Registered Agent
Name: ~~SEGUR HOMES INC~~
Street Address (P.O. Box Number is Not Acceptable): ~~342 NEW YORK DRIVE~~
City: ~~FORT MYERS~~ FL ~~33905~~

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: _____ DATE: **4-25-00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. 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 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	W.M.G. Segur	
STREET ADDRESS	342-NEW YORK DR.	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	V.P.	<input checked="" type="checkbox"/> Delete
NAME	Gladys Zeremba	
STREET ADDRESS	FT Myers	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivian A Segur	
STREET ADDRESS	342 New York Dr.	
CITY-ST-ZIP	FL Myers	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: _____ DATE: **4-28-00** 941-6938323

Mr. Klankowski is going to stay as registered agent.