


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90189 041 ***150.00

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DOCUMENT # P02000040976	
1. Entity Name BETTER JACKSONVILLE HOMES, INCORPORATED	

Principal Place of Business 12961 BRIANS CREEK DRIVE JACKSONVILLE FL 32224	Mailing Address 12961 BRIANS CREEK DRIVE JACKSONVILLE FL 32224
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2. Principal Place of Business 337 BROOKCHASE LANE W.	3. Mailing Address 337 BROOKCHASE LANE W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

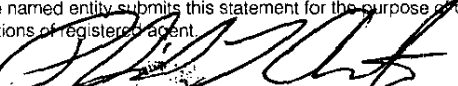


☒ CHECK HERE IF MAKING CHANGES

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	4. FEI Number 82-0539994	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32225	Country USA	Zip 32225	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMATO, PHILIP 12961 BRIANS CREEK DRIVE JACKSONVILLE FL 32224	7. Name and Address of New Registered Agent Name AMATO, PHILIP Street Address (P.O. Box Number is Not Acceptable) 337 BROOKCHASE LANE W City JACKSONVILLE, FL Zip Code 32225
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DATE** 4-5-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME AMATO, PHILIP STREET ADDRESS 12961 BRIANS CREEK DRIVE CITY-ST-ZIP JACKSONVILLE FL 32224	<input type="checkbox"/> Delete	TITLE P NAME AMATO, PHILIP STREET ADDRESS 337 BROOKCHASE LANE W CITY-ST-ZIP JACKSONVILLE, FL 32225	<input checked="" 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
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
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
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
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

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:  **DATE** 4-5-03 **Daytime Phone #** 904-476-5826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)