2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

372562 **DOCUMENT #**

1. Entity Name K & W HOME BUILDERS INC.



May 01, 2003 8:00 am 8 Secretary of State

05-01-2003 90801 039 ***150.00

Principal Place	ce of Business	Mailing Address P O BOX 13598					
TAMPA FL 336		P. O. BOX 13598		ĺ			
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CT OUTON HEDE IT MANINO	011441050	
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City & State		City & State		4. F	4. FEI Number 59-1310119 Applied For		
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Zip	Country	Zip	Country				
انتخاب تا مختاب مناه 715			Country	5. (\$8.75 Ad	
				_ <u>_</u>			
	6. Name and Address of Currer	nt Registered Agent			lame and Address of New Registered A	gent	
			Name				
KESSLER,	Walter H.		Chrosit	ddraga /D O D	ny Number is Net Assessable)		-
4346 DUN	BARTON #3		Street A	aaress (P.O. B	ox Number is Not Acceptable)		
TAMPA FL			 				
IAMPA FL	. 33611		1				
			City		FL	Zip Coo	de
	e named entity submits this statement tions of registered agent.	for the purpose of changing it	ts registered office or	registered age	ent, or both, in the State of Florida. I am fa	amiliar with,	, and accept
-	nons or registered agent.						
SIGNATUR	- •	nt and title if applicable. (NC	DTE: Registered Agent signate	are required when re	instating) DATE		
·	Signature, typed or printed name of registered age	ont and title if applicable. (NC	DTE: Registered Agent signate	ire required when re	instating) DATE		
 F	Signature, typed or printed name of registered age		DTE: Registered Agent signal	re required when re	instating) DATE 9. Efection Campaign Financing	\$5.0	00 May Be
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

NAME

STREET ADDRESS

CITY-ST-ZIP