

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 418802**

1. Entity Name

**HOMES OF MERIT, INC.****FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90059 043 \*\*\*150.00

0530110

Principal Place of Business

PO BOX 1606  
BUILDING 121 BARTOW AFB  
BARTOW FL 33830  
US

Mailing Address

PO BOX 1606  
BUILDING 121. BARTOW AIR BASE  
BARTOW FL 33831  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1438488**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMANN, DAVID W  
HOMES OF MERIT INC  
BUILDING #121 BARTOW AIRBASE  
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WEEDER, CHARLES E	3318 EAGLES TRACE	WINTER HAVEN, FL 0	<input type="checkbox"/>
VP	CLANCY, KEVIN F.	1379 HOLLISTER RD	BABSON PARK FL 33827	<input type="checkbox"/>
VPT	AMANN, DAVID W	1258 SCOTTSLAND DRIVE	LAKELAND FL	<input type="checkbox"/>
VP	WEEDER, MARK E.	7121 SNELL RD	BARTOW FL	<input type="checkbox"/>
VP	TOWNS, GARY	RT.13-BOX 272	LAKE CITY FL	<input type="checkbox"/>
VP	SURLES, PHIL	2701 UNIVERSITY DR. SUITE 300	AUBURN HILLS MI 48327-2577	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)