

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 048 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 418802
 1. Entity Name
HOMES OF MERIT, INC.

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 & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-1438488	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P WEEDER, CHARLES E 3318 EAGLES TRACE WINTER HAVEN, FL 0 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLANCY, KEVIN F. 1379 HOLLISTER RD BABSON PARK FL 33827 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AMANN, DAVID W 1258 SCOTSLAND DRIVE LAKELAND FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEEDER, MARK E. 7121 SNELL RD BARTOW FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNS, GARY RT.13-BOX 272 LAKE CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURLES, PHIL 2701 UNIVERSITY DR. SUITE 300 AUBURN HILLS MI 48327-2577 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BJ Williams 1738B Hillandale Rd. #203 Durham, NC 27705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea. / Asst. Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John R. Ferrell 3203 W. Bay Villa Ave. Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition O. Roger Mitchell 1806 Village Ct. Mulberry, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / Sect. / Gen. Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John J. Collins 2701 Cambridge Ct., Suite 300 Auburn Hills, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jimmy Paul 2701 Cambridge Ct., Suite 300 Auburn Hills, MI 48326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *O. Roger Mitchell* **April 29, 2002** **(863)533-0593**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)