FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504702  1. Entity Name AUDUBON HOMES, INC.							Sep 18, 2001 8:00 am Secretary of State 09-18-2001 90006 027 ***150.00				
AUDUBC	IN HUIVIE	5, INC.					09-18-20	01 90006 02	7 ****150.	.00	
Principal Plac	e of Busines	S	Mailing Address	lailing Address							
120 W. GLDES P.O.BOX 53 BOCA RATON I			120 W. GLDES ROAD P.O.BOX 53 BOCA RATON FL 33432				DUUDƏ/24				
2. Principal F	Clin	ress tmeene ld	3. Mailing Address 5AM6			**************************************					
Suite, Apt. <b>S</b> U I		70	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SI	PACE		
City & Stat		Aton, Fla	City & State			<b>4.</b> F	4. FEI Number 59-1674396 Applied For Not Applicable				
Zip_33487 Country B.			Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required			litional d		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					-	
Nam						Michael J. Howell					
	/ELL, MICH/ ST. CHARI		Street Address				ss (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33434					1001	· Cl	Nt moone	Rd-50	uit€	100	
				Ī	City	ca l	aton	FL		187	
8. The above	named entity	y submits this statement for	or the purpose of changing its re	egistere	d office or r	registered ag	ent, or both, in the State	of Florida.			
		M. M.	,					2/2/2	.1		
SIGNATURE :	Signature, typed	or priviled name of registered agen	and title if applicable. (NOTE:	Registered	Agent signature	e required when re		7/12/0	<del>/</del>		
O This seems		······································				-	1				
Tax filing	_	ible to satisfy its Intangible and elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State			10. Election Campaig Trust Fund Contril			<b>0</b> May Be to Fees	
11.		OFFICERS AND	<u> </u>				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	ST		☐ Delete T						Change	Addition	
NAME	HOWELL,	PRISCILLA	: N				,				
STREET ADDRESS	474 CAMI				T ADDRESS						
CITY-ST-ZIP	BOCA RA	TON FL			ST-ZIP					<u></u>	
TITLE NAME	P Delete								☐ Change	Addition	
STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP	1 / ZZ/, GOLLIY I LIMII OM				ST-ZIP -	# -	and the second of the second	·	. میسیدی	<del>,</del>	
TITLE	V Delete								☐ Change	☐ Addition	
NAME	HOWELL,	RICHARD		NAME							
STREET ADDRESS	474 E. CAMINO REAL				T ADDRESS						
CITY-ST-ZIP	BOCA RA	TON FL	m	1-	ST-ZIP					C Addition	
TITLE NAME			☐ Delete	TITLE NAME	ŀ				☐ Change	☐ Addition	
STREET ADDRESS	•				STREET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				NAME							
STREET ADDRESS   CITY-ST-ZIP					T ADDRESS ST-ZIP						
TITLE			Delete	TITLE	. het				☐ Change	☐ Addition	
NAME			ET DRIBTA	NAME	1						
STREET ADDRESS		•	T ADDRESS								
CITY-ST-ZIP				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)(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 actives. With all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR-

SIGNATURE:

1/140/ 561-989-93