

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583214

1. Entity Name

VAN HOME BUILDERS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90039 007 ***155.00

Principal Place of Business

2260 PIONSETTIA DR
LONGWOOD FL 32779
US

Mailing Address

P O BOX 915927
LONGWOOD FL 32791
US

2. Principal Place of Business

2230 Poinsettia Drive

State, Apt. #, etc.

3. Mailing Address

2230 Poinsettia Drive

State, Apt. #, etc.

City & State

Longwood FL.

Zip

32779

Country

Seminole

City & State

Longwood FL.

Zip

32779

Country

Seminole

4. FPI Number 59-1843647

App. Fee

Not App. Fee

5. Certificate of Status Des. req.

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN VALKENBURG, KENNETH
2260 POINSETTIA DR
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name KENNETH VAN VALKENBURG

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

2230 Poinsettia Drive

City Longwood

Zip Code 32779

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 (see Note 1)

(NOTE: Registered Agent's signature need not be submitted)

(DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

TITLE NOW!!! FEE IS \$180.00
After MAY 1, 2001 Fee will be \$650.00
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 PTS
NAME VAN VALKENBURG, KENNETH
STREET ADDRESS 2260 POINSETTIA DR
CITY-STATE-ZIP LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-STATE-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 or changed, or on an attachment with an address, with all other file empowered.

SIGNATURE

Kenneth Van Valkenburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH VAN VALKENBURG 4/27/01 407 682-TT3

CR2E034 (10/00)