2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 627551



FILED Mar 07, 2003 8:00 am Secretary of State

1. Entity Name RONALD UNDERWOOD HOMES, INC.								03-07-2003 90113 036 ***150.00	
30043 US HR 30043 US 19 CLEARWATER US	R FL 33761	Mailing Address 30043 US HIGHWAY 19 NORTH #142 CLEARWATER FL 34621 US			#142				
2. Principal I	Place of Busi	3. Mailing Address					T TRANSA BRIDGO (1603) 186601 BRIDGO BRIGGO HTAN BRIDGO BRIDGO BRIDGO BRIDGO BRIDGO HTANA 18601		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES	
City & Sta	te		City & State					4. FEI Number 59-1953642 Applied For Not Applicable	
Zìp	Zip Country		Zip	Zip Coun		ntry		5. Certificate of Status Desired	
	6. Name	and Address of Current		d Agent	L	1		7. Name and Address of New Registered Agent	
The state of the s						Name			
UNDERWOOD, RONALD H				المحادث المداد المحادث	Street Address (P.O. Box Number is Not Acceptable)				
30043 US HIGHWAY 19 NORTH									
#142 CLEARWATER FL 33761						City		E ∎ Zip Code	
8.4The above named entity submits this statement for the purpose of changing its registered office or recently control of the							istered	┌ ┗┆╵	
the obligat	tions of regist	ered agent.							
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if app	licable, (NOTE	: Registere	d Agent signature re	quired wh	when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						-		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		OFFICERS AND			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P		☐ Delete TITLE		<u> </u>		Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP	UNDERWOOD, RONALD H 30043 US HIGHWAY 19 NORTH CLEARWATER FL 34621		#142					Change Auguston	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNDERWOOD, MICHAEL H 30043 US HIGHWAY 19 N 142 CLEARWATER FL 33761		, ,, <u>,</u>			ŀ		· Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAMI STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete				☐ Change ☐ Addition	

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 eppowered 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 addy

SIGNATURE: