

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90024 030 ***150.00

DOCUMENT # F00000002461

1. Entity Name
DESIGN HOMES INCORPORATED

Principal Place of Business **Mailing Address**
P.O. BOX 239 **P.O. BOX 239**
PRAIRE DU CHIEN WI 53821-0009 **PRAIRE DU CHIEN WI 53821-0009**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
39-1081838

Applied For
☐ **Not Applicable**

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, LEARY
102 RIVER OAK LANE
VERO BEACH FL 32963

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. (See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **WEEKS, FRANKLIN A**
STREET ADDRESS **RT. 2 BOX 409B**
CITY-ST-ZIP **PRAIRE DU CHIEN WI 53821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEEKS, MARY**
STREET ADDRESS **RT. 2 BOX 409B**
CITY-ST-ZIP **PRAIRE DU CHIEN WI 53821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SMITH, KURT**
STREET ADDRESS **206 JACKSON**
CITY-ST-ZIP **PRAIRE DU CHIEN WI 53821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **LANGE, KAREN A**
STREET ADDRESS **61273 MILL COULEE ROAD**
CITY-ST-ZIP **PRAIRE DE CHIEN WI 53821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WEEKS, RANDOLPH**
STREET ADDRESS **1621 E. PARRISH**
CITY-ST-ZIP **PRAIRE DE CHIEN WI 53821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 608-326-6041
 Date Daytime Phone #

CR2E034 (9/01)