

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005755

1. Entity Name

PLANTATION HOMES, INC. of Mississippi

FILED

03 APR 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15255 POULE STREET STE A
GULFPORT MS 39503

Mailing Address

PO BOX 10109
GULFPORT MS 39504

2. Principal Place of Business

15255 Poule Street

3. Mailing Address

Suite, Apt. #, etc.

Gulfport MS

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DROWN, STEVE

41 TRANQUIL-WAY

PANAMA CITY BEACH FL 32413

4. FEI Number

64-0844351

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Steve Drown

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

29 TRANQUIL WAY

City

PANAMA City Beach FL

Zip Code

32413

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 and title if applicable.

(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

TITLE PSTD
NAME DROWN, SCOTT
STREET ADDRESS 15255 PAOLA ST., STE A
CITY-ST-ZIP GULFPORT MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)