

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 05, 2005 8:00 am
Secretary of State

06-22-2005 90080 013 ***158.75

DOCUMENT # F07459	
1. Entity Name FIRST CLASS HOMES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

AS LADY SAID IT WOULD HAVE,
66024198
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number 59-2425757	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name ERNEST L. NOBLE II	
Street Address (P.O. Box Number is Not Acceptable) 7424 KNOLL DRIVE	
NEWPORT RICHEY, FLA.	
City	FL Zip Code 32653

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>[Signature]</i>	DATE 6/20/05

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	150.00 + 2.75 = \$152.75	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/SEC. ERNEST L. NOBLE II 7424 KNOLL DRIVE NEWPORT RICHEY, FLA. 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/20/05 Date CP (721) 389-8154 (721) 819-0334 Deputy Phone #

CR2E034B (12/02)

ATTACHMENT
UNIFORM BUSINESS REPORT 46024118
F07459

TO WHO IT MAY CONCERN,

FOR 3-DAYS I HAVE BE TRYING
TO GET SOMEBODY ON LINE (850) 245-8056.
(NOBODY'S HOME) (WILL NOT ANSWER)

SO I'M WRITTING THESE LETTER
ABOUT 6/16 OR 17TH/05 I CALLED SOMEBODY
(THEY ANSWERED THE PHONE) AND ASKE FOR
A REPORT FORM AND I TOLD THEM
I ~~DID~~ NOT RECIEVE A NOTICE 1ST ONE,
SHE SAID SHE WOULD SEND THE
THE REPORT FORM AND IT HAD
THE (NO NOTICE RECIEVED) SHE SAID
CHECK THE BOX. THE FROM I GOT
HAD NOT HAVE THE NO NOTICE BOX, SO
I PUT MY OWN IN. AND CHECKED
IT ☒, PLEASE SEND ME FORM ☒ ☐
OR PLEASE JUST TAKE MY ORIGINAL ONE,
THANK YOU VERY MUCH
ERNEE NOBLE

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Division of Corporations

Annual Report

Page 1

Document Number
F07459
 Business Entity Name
FIRST CLASS HOMES, INC.

ATTACHMENT: 66024128
#F07459

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number 592425757
 FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
 Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address 7424 KNOLL DR
 Suite, Apt. #, etc. _____
 City, State NEW PORT RICHEY, FL

6/20/05

Zip Code & Country 34653 US

Mailing Address

Address 7424 KNOLL DR

Suite, Apt. #, etc.

City, State NEW PORT RICHEY, FLZip Code & Country 34653 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) _____, _____, _____

-or- RA Business Name NOBLE, ERNEST L., IIAddress 7424 KNOLL DRIVE

Suite, Apt. #, etc.

City, State NEW PORT RICHEY, FLZip Code & Country 34653 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature _____

Continue Reset

ATTACHMENT

66024198
F07459

6/20/05

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Division of Corporations

Annual Report

Page 2

Document Number

F07459

Business Entity Name

FIRST CLASS HOMES, INC.

Election Campaign Financing Trust Fund Contribution ☒ Yes ☐ No

Officer/Director Name And Address

Title	PDS
Name (Last, First, Middle, Title)	
-or- Entity Name	NOBLE, ERNEST L II
Street Address	1424 KNOLL DR
City, State	NEW PORT RICHEY, FL
Zip Code & Country	34653
Title	
Name (Last, First, Middle, Title)	

ATTACHMENT
66024/98
F07459

6/20/05