

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90953 009 ***150.00

DOCUMENT # F14436

1. Entity Name
BRITANNIA HOMES, INC.



Principal Place of Business
**9358 BUCK HAVEN TRL
TALLAHASSEE FL 32312
US**

Mailing Address
**9358 BUCK HAVEN TRL
TALLAHASSEE FL 32312
US**

2. Principal Place of Business
9353 BUCK HAVEN TRAIL
Suite, Apt. #, etc.

3. Mailing Address
9353 BUCK HAVEN TRAIL
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
59-2066465

Applied For
☐ Not Applicable

Zip
32312

Country
USA

Zip
32312

Country
USA

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

DAVIS, WAYNE D
9091 SHOAL CREEK DR
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)
9353 BUCK HAVEN TRAIL

City **TALLAHASSEE, FL** Zip Code **32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVIS, WAYNE**
STREET ADDRESS **9091 SHOAL CREEK DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9353 BUCK HAVEN TRAIL**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 empowered 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 address, with all other, like empowered.

SIGNATURE:

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

1/30/03
Date

850 893-8608
Daytime Phone #

CR2E034 (10/02)