

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90020 026 \*\*\*150.00

**DOCUMENT # F99000004643**

1. Entity Name  
**PULTE HOMESITE SOLUTIONS CORPORATION**  
**Homesite Solutions Corporation**

Principal Place of Business 33 BLOOMFIELD HILLS PARKWAY #200 BLOOMFIELD HILLS MI 48304	Mailing Address 33 BLOOMFIELD HILLS PARKWAY #200 BLOOMFIELD HILLS MI 48304-2946
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3232737** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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, 2000 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 <b>PC</b> NAME <b>HALSO, ROBERT J</b> STREET ADDRESS <b>33 BLOOMFIELD HILLS PARKWAY #200</b> CITY-ST-ZIP <b>BLOOMFIELD HILLS MI 48304</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Halso, Robert J.</b> STREET ADDRESS <b>33 Bloomfield Hills Pkwy. #200</b> CITY-ST-ZIP <b>Bloomfield Hills, MI 48304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>O'BRIEN, MARK J</b> STREET ADDRESS <b>33 BLOOMFIELD HILLS PARKWAY #200</b> CITY-ST-ZIP <b>BLOOMFIELD HILLS MI 48304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DVS</b> NAME <b>STOLLER, JOHN R</b> STREET ADDRESS <b>33 BLOOMFIELD HILLS PARKWAY #200</b> CITY-ST-ZIP <b>BLOOMFIELD HILLS MI 48304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME <b>CREGG, ROGER A</b> STREET ADDRESS <b>33 BLOOMFIELD HILLS PARKWAY #200</b> CITY-ST-ZIP <b>BLOOMFIELD HILLS MI 48304</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>Bowen, James</b> STREET ADDRESS <b>1509 W. Swann Ave. #240</b> CITY-ST-ZIP <b>Tampa, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>AS</b> NAME <b>Zukoff, Colette R.</b> STREET ADDRESS <b>33 Bloomfield Hills Pkwy. #200</b> CITY-ST-ZIP <b>Bloomfield Hills, MI 48304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>VPTAS</b> NAME <b>Robinson, Bruce E.</b> STREET ADDRESS <b>33 Bloomfield Hills Pkwy. #200</b> CITY-ST-ZIP <b>Bloomfield Hills, MI 48304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Colette R. Zukoff* **Colette R. Zukoff** Date **3/27/00** Daytime Phone # **248-644-7300**

CR2E034 (9/99)