

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90232 044 ***150.00

DOCUMENT # G21665

1. Entity Name

HUNTINGTON HOMES CORPORATION



Principal Place of Business

**1801 OAK RIDGE RD.
SAFETY HARBOR FL 34695**

Mailing Address

**P.O. BOX 451
PALM HARBOR FL 34682**

70010357



2. Principal Place of Business

1666 MANNING OAKS BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM HARBOR FL.

City & State

Zip

34682

Country

Country

4. FEI Number

59-2278346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

O'NEAL, WILLIAM K.

1801 OAK RIDGE RD

SAFETY HARBOR FL 34695

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
O'NEAL, WILLIAM K.
1428 RED OAK DR.
TARPOON SPRINGS FL 34689** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
O'NEAL, WILLIAM K.
1428 RED OAK DR.
TARPOON SPRINGS FL 34689** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**S
O'NEAL, WILLIAM K.
1428 RED OAK DR.
TARPOON SPRINGS FL 34689** ☐ Delete

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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

1/10/03

Date

727-789-0033

Daytime Phone #

CR2E034 (10/02)