FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G73743 1. Entity Name LEDMAN HOMES, INC.							Mar 07, 2002 8:00 am Secretary of State 03-07-2002 90026 027 ***150.00			
Principal Place of Business 4365 DELWOOD PARK BLVD. PO BOX 27267 PO BOX 27267 PANAMA CITY BCH. FL 32411 US 2. Principal Place of Business Address Mailing Address Address Address Address Address Address										
3614 Suite, Apt.	PRESER	RVE BLVD.	3. Mailing Address 3614 PRESERVE BLVD Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
PANAMA CITY BEACH, FL			PANAMA CITY BEACH, FL			4. F	El Number 59-2369718	N	oplied For ot Applicable	
32408		USA	3240B		Country V5A		Certificate of Status Desired	S8.75 Ad		
Name L E.D.C.							-7. Name and Address of New Registered Agent NAN, WILBUR T.			
LEDMAN, WILBUR T. 4365 DELWOOD PARK BLVD. PANAMA CITY BCH. FL 32411						Street Address (P. D. Box Number, is Not Acceptable)				
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										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After May 1, 20 Make Check Payal					: Registered Agent signature required I! FEE IS \$150.00 02 Fee will be \$550.00 ile to Department of Sta		10. Election Campaign Finan Trust Fund Contribution.	☐ Added	0 May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND DI BUR T DD PARK BLVD. 7 BEACH FL 32411	RECTORS Delete	12. TITLE NAME STREET / CITY-ST	ADDRESS	2614 8	DITIONS/CHANGES TO OFFICE DAESERVE BAVO ACITY BEACH, I	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEDMAN, MELANIE A. 4365 DELWOOD PARK BLVD. PANAMA CITY BEACH FL 32411		☐ Delete	TITLE NAME STREET / CITY-ST	1.5	3 T [PRESERVE BLU IA CITY BEACH	Change Change	☐ Addition { c	
NAME STREET ADDRESS CITY-ST-ZIP	V LEDMAN; RAN 3649 PRESER PANAMA CITY	ve blvd.	Delete Delete	NAME	ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP	T PYLE, KIRK 3541 FOX RUI PANAMA CITY		Delete	TITLE NAME STREET A CITY-ST	ADDRESS -ZIP		_	☐ Change	Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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										