

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90775 048 ***150.00

DOCUMENT # G78712



1. Entity Name
NETHAM CUSTOM HOMES, INC.

Principal Place of Business
200 CAPRI ISLES BLVD
VENICE FL 34292
US

Mailing Address
P.O. BOX 297
LAUREL FL 3427
US



2. Principal Place of Business

858 HILLCREST DR

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NOKOMIS, FL

City & State

4. FEI Number **59-2367926**

Applied For

Not Applicable

Zip

34275

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

PETERSON, DAVID
200 CAPRI ISLES BLVD
VENICE FL 34292

7. Name and Address of New Registered Agent

Name:

DAVID PETERSON

Street Address (P.O. Box Number is Not Acceptable)

858 HILLCREST DR

NOKOMIS, FL

City

NOKOMIS

FL

Zip Code

34275

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

David Peterson V.P.

2-28-03

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

TITLE **D** ☐ Delete
NAME **FONKERT, PETER**
STREET ADDRESS **3600 AZALEA LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DVT** ☒ Delete
NAME **PETERSON, DAVID**
STREET ADDRESS **200 CAPRI ISLAND BLVD**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DVT** ☒ Change ☐ Addition
NAME **PETERSON, DAVID**
STREET ADDRESS **858 HILLCREST DR**
CITY-ST-ZIP **NOKOMIS, FL 34275**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

David Peterson **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03

Date

941-484-7059

Daytime Phone #

CR2E034 (10/02)