## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2002 8:00 am Secretary of State

UNIFORM	A BUSINESS RE	PORT (UBR)
DOCUMENT #  1. Entity Name	H 31083	(9)

1. Entity Name H 31083 (9) NEW WORLD HOMES, INC.				05-21-2002 90	0875 031 ***150.00
DO NOT WRITE	IN THIS SF	PACE		-	
2. Principal Place of Business 1761 PRESERVE POINT TER Suite, Apt. #, etc.	Suite, Apt. #, etc.	VE BINT	TER	DO NOT WRITE IN TH	IS SPACE
City & State  OR ANGE PARK, FL.  Zip Country	City & State  DRANGE PAR  Zin	Country		59-2466596	Applied For Not Applicable
32003 45	32003	45		Certificate of Status Desired  Name and Address of Current Register	\$8.75 Additional Fee Required
DO NOT WI IN THIS SPA	· · · · · · · · · · · · · · · · · · ·	Street A	DEORGE ddress (P.O. 6 1 PA	E W. FISH BOX Number is Not Acceptable) RESERIE FOINT FER	
8. The above named entity submits this statement for t	he purpose of changing its re	egistered office or	ANGE registered a	PARK, F	L Zip Code 3
SIGNATURE Signature, typed or printed name of registered agent and		Registered Agent signatu			<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DI TITLE NAME STREET ADDRESS CITY-ST-ZIP ORANGE PARK	RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, C.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- TITLE NAME STREET ADDRESS CITY-ST-ZIP			200
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	·• · · •	TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPA	CE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplies with thi indicated on this report or supplemental eport is tru of the corporation or the receiver or diste empow attachment with an address, with a other like empo	s filing does not qualify forth le and accurate and that my ered to execute this report a wered.	e exemption state signature shall have supported by Char 4 200	d in Section we the same apter 607, Flo	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I prida Statutes; and that my name appea (0 4)	ertify that the information am an officer or director rs in Block 11 or on an
	TED NAME OF SIGNING OFFICER OR	DESECTOR	<u> </u>	Pate	