

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90111 018 \*\*\*150.00

**FOR PROFIT CORPORATION**

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # H93322**

1. Entity Name

New Home Development, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 1057

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1057

Suite, Apt. #, etc.

City & State

Ruskin, FL 33570

City & State

Ruskin, FL 33570

4. FEI Number

59 2620595

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** ☐ Electronically Filed

11. OFFICERS AND DIRECTORS

TITLE **DS**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Long, Cora E.**  
**402 E Shell Point Road**  
**Ruskin, FL 33570**

TITLE **DP**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Long, Aaron**  
**402 E Shell Point Road**  
**Ruskin, FL 33570**

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Cora E. Long**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02 813-645-1942**

Date Daytime Phone #

CR2E034B (12/01)