## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2001 8:00 am Secretary of State **DOCUMENT # H95892** 05-29-2001 90001 036 \*\*\*150.00 BUD KUTZKE CUSTOM HOMES, INC. Principal Place of Business Mailing Address AUU64U28 1104 N. COLLIER BLVD. 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2630792 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREUSEL, JAMIE B. Street Address (P.O. Box Number is Not Acceptable) C/O BERRY & GREUSEL 1104 N COLLIER BLVD MARCO ISLAND FL 34145 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. SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 -Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE Delete TITLE Addition KUTZKE, BUD NAME Prve Fieldstone 531 STREET ADDRESS 1261 MIMOSA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL TITLE ☐ Delete TITLE Addition Kutzke, Penny NAME NAME Fieldstone Priva 531 STREET ADDRESS 1261 MIMOSA COURT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL CITY-ST-ZIP Delete . ... TITLE **∠** Lehange ☐ Addition KUTAKE, STEVEN M NAME NAMÈ 531 Fieldstone Drive STREET ADDRESS 1261 MIMOSA CT STREET ADDRESS CITY+ST-ZIE MARE ISLAND FL CITY-ST-ZIP F234145 FSIZM MARCO TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

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