DOCUMENT # J43904 1. Entity Name REESE MCCAULEY QUALITY HOMES, INC.				. ••	FILED Jan 10, 2001 8:00 am Secretary of State			
Principal Place of Business 10080 COUNTRY BROOK ROAD BOCA RATON FL 33428 US		Mailing Address 10080 COUNTRY BROOK ROAD BOCA RATON FL 33428 US			01-10-2001 90080 031 ***150.00			
2. Principal Place of Business		3. Mailing Address		~				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. 1	. DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-2741955			oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Add	
	6. Name and Address of Current I	l Registered Agent		7.	Name and Address of New Re	gistered Ag	jent	
MCCAULEY, REESE				Name				
1008	O COUNTRY BROOK ROAD		Street A	ddress (P.O. I	Box Number is Not Acceptable)			
BUC	A RATON FL 33428		City				Zip Cod	
8. The above named entity submits this statement for the purpose of cha						FL	210 000	
9. This corpo Tax filing re	Signature, typed or printed name of registered agent a reation is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 2	VIII FEE IS \$150. 2001 Fee will be \$1 able to Department	00 550.00	10. Election Campaign Fina Trust Fund Contribution			May Be
11.	OFFICERS AND I	DIRECTORS	12.	Αſ	ODITIONS/CHANGES TO OFFI			
NAME STREET ADDRESS CITY-ST-ZIP	P MCCAULEY, REESE S., SR. 10080 COUNTRY BROOK ROAD BOCA RATON FL	☐ Delete	- TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCAULEY, ARLANE 10080 COUNTRY ARBOR RD BOCA RATON FL 33428	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCA 10080C BUCA	OUNTEY BOOOK Rd DATON THE 33425	Y	Change	☐ Addition
TITLE		☐ Delete	TITLE			[Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[☐ Change	☐ Addition
indicated of the corp		true and accurate and that wered to execute this repo	t my signature shall her as required by Child.	lave the same	legal effect as if made under o rida Statutes; and that my name	ath; that I am appears in I	n an officer Block 11 o	or airector