2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J90831 May 26, 2000 8:00 am Secretary of State BETTER HOMES, INC. 05-26-2000 90121 030 ***550.00 Mailing Address Principal Place of Business 5580 PINE LAKE DRIVE 5580 PINE LAKE DRIVE CRESTVIEW FL 32541-4795 CRESTVIEW FL 32539 3. Mailing Address 2. Principal Place of Business 4708 Seastar Vista 4708 Seastar Vista Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2840130 Dustin Destin Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Overton Mike OVERTON, MIKE Street Address (P.O. Box Number is Not Acceptable) 5580 PINE LAKE DRIVE **CRESTVIEW FL 32539** 4708 Seastar Vista 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE Overton, Nancy L. OVERTON, MIKE NAME STREET ADDRESS 5580 PINE LAKE DRIVE STREET ADDRESS Destin, FL 32541 CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL ☐ Change ☐ Addition Delete TITLE WILLIAMS, KAREN NAME NAME STREET ADDRESS 2406 DUNCAN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 execute his 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 a

4/28/00