

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2000 8:00 am  
Secretary of State

02-19-2000 90007 013 \*\*\*150.00

DOCUMENT # J91817

1. Entity Name  
CANASTA HOMES, INC.

Principal Place of Business      Mailing Address  
5188 MINTON RD. NW      5188 MINTON RD. NW  
BAY FL 32907      PALM BAY FL 32907-1101

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
NAST, JOHN S.  
5188 MINTON RD, NW  
PALM BAY FL 32907

4. FEI Number      59-2842413      Applied For  
Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      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 if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)      FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State      10. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAST, JOHN S.		NAME		
STREET ADDRESS	4050 HIELD RD NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAST, ANNETTE		NAME		
STREET ADDRESS	4050 HIELD RD NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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.

SIGNATURE:      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      2/02/00      321-725-0460      Daytime Phone #

CR2E034 (9/99)