FILED Apr 10, 2002 8:00 am

DOCUMENT # K39429 1. Entity Name HABERLIN HOMES, INC.				*	Secretary of State 04-10-2002 90451 003 ***150.00			
%RICHARD J. P O BOX 827		Mailing Address *RICHARD J. HABERLIN P O BOX 827 MARCO ISLAND FL 33969-7827			20020ZÛ			
	Place of Business Greenwood Drive #, etc.	3. Mailing Address 18031 Greenwood Drive Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Naples, Florida		City & State Naples, FL		4.	FEI Number 65-0084020	No	oplied For ot Applicable	
Zip 34114.	Country USA	Zip 34114	Country USA	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
7	6. Name and Address of Current F	Registered Agent	-	7. Name and Address of New Registered Agent				
HABERLIN 1559 CAX MARCO IS		Haberlin, Richard J. Street Address (P.O. Box Number is Not Acceptable) 18031 Greenwood Drive						
	17.00 1.000		City	aples.	, _{FL} F	L Zip Code 3411	e 4	
8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Richard J. Haberlin, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	l l	! FEE IS \$150.00 2 Fee will be \$550. le to Department of		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D	DIRECTORS	12.	Α[DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HABERLIN, RICHARD J. 18031 GREENWOOD DR NAPLES FL 34114	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Delete TITLE HABERLIN, MARGARET A. 18031 GREENWOOD DR NAPLES FL 34114 TITLE NAME STREE					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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby o	certify that the information supplied with t	his filing does not qualify for t	the exemption stated i	n Section	119.07(3)(i), Florida Statutes. I further co	ertify that the in	formation	

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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.