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STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K49499																																																																																																			
1. Entity Name CHADWELL HOMES CORPORATION																																																																																																			
Principal Place of Business 322 CHADWELL DR. P.O. BOX 128 SEFFNER, FL 33584		Mailing Address P.O. BOX 2614 SEFFNER, FL 33583 US																																																																																																	
2. Principal Place of Business		3. Mailing Address																																																																																																	
Suite, Apt. #, etc. 137 W. Robertson St.		Suite, Apt. #, etc.																																																																																																	
City & State Brandon, FL		City & State Brandon, FL																																																																																																	
Zip 33511		Zip 33509																																																																																																	
Country USA		Country USA																																																																																																	
4. FEI Number 59-2919847		Applied For ☐ Not Applicable																																																																																																	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75																																																																																																	
6. Name and Address of Current Registered Agent CHADWELL, MICHAEL 401 CITRUS WOOD LANE VALRICO, FL 33594		7. Name and Address of New Registered Agent																																																																																																	
Name		Street Address (P.O. Box Number is Not Acceptable)																																																																																																	
City		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. I am familiar with, and accept the obligations of registered agent.																																																																																																			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent Signature required when necessary)																																																																																																			
FILE NOW! FEE IS \$150.00 After March 1, 2003 Fee will be \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																			
SIGNATURE: _____		Date: 11-12-03 813-654-2881																																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																																																																																																	