

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT # K98393

1. Entity Name

SIGNATURE HOMES OF CITRUS COUNTY INC

FILED

03 MAR 24 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7825 HOMOSASSA TRAIL

3. Mailing Address
P O BOX 640627

Suite, Apt. #, etc.
UNIT 2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOMOSASSA FL

City & State
BEVERLY HILLS FL

4. FEI Number 59-2956051

Applied For
Not Applicable

Zip Country
34446 USA

Zip Country
34464-0627 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARNHARDT, JOHN D

Street Address (P.O. Box Number is Not Acceptable)

7825 HOMOSASSA TRAIL UNIT 2

City HOMOSASSA FL Zip Code 34446

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARNHARDT, JOHN D C/P/S/T 7825 HOMOSASSA TRAIL UNIT 2 HOMOSASSA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200015766832 04/11/08--01076--010 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRILL, DARREN G VP 7825 HOMOSASSA TRAIL UNIT 2 HOMOSASSA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John D Barnhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BARNHARDT, P 3-17-03 352-628-1955

Date

Daytime Phone #

CR2E034B (12/02)