

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/15/2002-90137-011-\$50.00-\$50.00

\* 9/29/2002-90003-042-\$50.00-\$50.00

DOCUMENT # L01000002985

1. Entity Name

EXPRESSIVE HOMES, L.C.

Principal Place of Business

19045 LAKE SWATERA DRIVE  
EUTIS FL 32726

Mailing Address

19045 LAKE SWATERA DRIVE  
EUTIS FL 32726

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KLINGBEIL, ROBERT T JR.  
341 WEST VENICE  
SARASOTA FL

7. Name and Address of New Registered Agent

Name Robert T. Klingbeil, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
341 West Venice Avenue

City Venice

FL

Zip Code  
34285

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Ann K. Osborne  
19045 Lake Swatera Drive  
Eutis, FL 32726 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
STREET ADDRESS  
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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/27/02

Date

352 557 0664

Daytime Phone #

FILED

02 OCT 29 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)