

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90144 025 ***150.00

DOCUMENT # L01943

1. Entity Name
DAVE BREWER CUSTOM HOMES, INC.



Principal Place of Business
~~4155 ST JOHNS PARKWAY~~
~~STE 2000~~
~~SANFORD FL 32771~~
~~US~~

Mailing Address
~~4155 ST JOHNS PARKWAY~~
~~STE 2000~~
~~SANFORD FL 32771~~
~~US~~

90045526



2. Principal Place of Business

4312 Black Oak Lane

3. Mailing Address

4312 Black Oak Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zellwood FL

City & State
Zellwood FL

4. FEI Number **59-2968237**

Applied For
Not Applicable

Zip **32798** Country **USA**

Zip **32798** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BREWER, DAVID B.~~
~~4155 ST JOHNS PARKWAY~~
~~STE 2000~~
~~SANFORD FL 32771~~

Name **EARL A. BREWER**

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

4312 Black Oak Lane

City **Zellwood**

FL

Zip Code

32798

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/4/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **DAVE BREWER, DAVID B.** ☒ Delete
NAME
STREET ADDRESS **4155 ST JOHNS PARKWAY STE 2000**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **P/S/T/D** ☒ Change ☒ Addition
NAME **EARL A. BREWER**
STREET ADDRESS **4312 Black Oak Lane**
CITY-ST-ZIP **Zellwood, FL 32798**

TITLE **P/S/T/D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/4/03**

DAYTIME PHONE # **407-886-6266**

CR2E034 (10/02)