

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91001 049 ****50.00

DOCUMENT # 102000000964

1. Entity Name *AMERICAN PRIDE HOMES LLC*
729 S. Federal Hwy Suite 200
STUART FL 34994



DO NOT WRITE IN THIS SPACE

30062852

2. Principal Place of Business

729 S. Federal Hwy
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STUART FL

City & State

4. FEI Number

03-0456611

Applied For

Not Applicable

Zip

34994

Country

MARTIN

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Pasquale ZARRO*

Street Address (P.O. Box Number is Not Acceptable)
729 S. Federal Hwy
Suite 200

City

STUART

FL

Zip Code

34994

**DO NOT WRITE
IN THIS SPACE**

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

Pasquale ZARRO Treasurer

4-22-03

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE *PRESIDENT*
NAME *MARTIN Schaffer*
STREET ADDRESS *1597 S. Port St. Lucie Blvd*
CITY-ST-ZIP *Port St. Lucie FL 34952*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICE-PRESIDENT*
NAME *Robert Baethume JR.*
STREET ADDRESS *729 S. Federal Hwy Suite 200*
CITY-ST-ZIP *STUART FL 34994*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TREASURER*
NAME *Pasquale ZARRO*
STREET ADDRESS *729 S. Federal Hwy Suite 200*
CITY-ST-ZIP *STUART FL 34994*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *SECRETARY*
NAME *ELI MURGISTIN*
STREET ADDRESS *1597 S. Port St. Lucie Blvd*
CITY-ST-ZIP *PORT ST. LUCIE FL 34952*

TITLE
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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

Pasquale ZARRO Treasurer

Date

Daytime Phone #

CR2E083B (12/02)

772-

4-22-03 288-5251