

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90035 009 ***150.00

DOCUMENT # L02203

1. Entity Name
CORNERSTONE CUSTOM HOMES, INC.

Principal Place of Business Mailing Address
60 CREEK BLUFF WAY **P. O. BOX 730384**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32173-0384**
US **US**

2. Principal Place of Business 3. Mailing Address
66 CREEK BLUFF WAY **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORMOND BCH, FL.

Zip Country Zip Country
32173 **VOLUSIA**

4. FEI Number Applied For
59-2989800-2971522 Not Applicable

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

HOPE, JAMES C
60 CREEK BLUFF WAY
ORMOND BEACH FL 32174

Name **HOPE, JAMES C.**
 Street Address (P.O. Box Number is Not Acceptable)
66 CREEK BLUFF WAY
 City **ORMOND BCH** **FL** Zip Code **32174**

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.

SIGNATURE **JAMES C. HOPE** *James C. Hope* **4/20/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOPE, JAMES C	
STREET ADDRESS	60 CREEK BLUFF WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MICHELE R. HOPE	
STREET ADDRESS	60 CREEK BLUFF WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE, JAMES C	
STREET ADDRESS	66 CREEK BLUFFWAY	
CITY-ST-ZIP	ORMOND BCH, FL. 32174	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELE A. HOPE	
STREET ADDRESS	66 CREEK BLUFFWAY	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James C. Hope* **JAMES C. HOPE** **4/20/2000** **904-6735975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)