

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90096 007 \*\*\*150.00

**DOCUMENT # L02203**

1. Entity Name  
**CORNERSTONE CUSTOM HOMES, INC.**

Principal Place of Business

**66 CREEK BLUFF WAY  
 ORMOND BEACH FL 32174  
 US**

Mailing Address

**P. O. BOX 730384  
 ORMOND BEACH FL 32173  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2969300**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**HOPE, JAMES C.**

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

**66 CREEK BLUFF WAY**

City

**ORMOND Bch., FL.**

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 \_\_\_\_\_ (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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOPE, JAMES C</b>	
STREET ADDRESS	<b>66 CREEK BLUFF WAY</b>	<b>(ADDRESS)</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL. 32174</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHELE A. HOPE</b>	
STREET ADDRESS	<b>66 CREEK BLUFF WAY</b>	
CITY-ST-ZIP	<b>ORMOND Bch FL. 32174</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT SILVERNAIL</b>	
STREET ADDRESS	<b>937 CHICKADEE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL., 32127</b>	
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** 4/23/01 904 673 5975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)