

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90008 004 ***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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2969300

Applied For

Not Applicable

Zip

Country

Zip

Country

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
 66 CREEK BLUFF WAY
 ORMOND BEACH FL 32174**

Name

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

City

FL

Zip Code

Please see enclosed letter on EIN #

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, JAMES C 66 CREEK BLUFF WAY ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHELE R. HOPE 66 CREEK BLUFF WAY ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERNAIL, ROBERT 937 CHICKADEE PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELE A HOPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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** 4/24/02 386. 673.5975
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



James Hope
Residential Contractor

April 24, 02

Attachment

#L02203
790498

Department of State
Division of Corporations

Dear Sirs,

Enclosed are two EIN numbers assigned
to Cornerstone Custom Homes, Inc. in 1989.

The No. 20, 1989 No is correct, and is the
No. I have used since "89"

I have no idea why two numbers were
assigned

Please change your records to EIN #

59-297 1522

Please let me know if you have any questions

Thank you

James Hope



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Date of this notice: **NOV. 20, 1989**
Taxpayer Identifying Number: **59-2971522**
Form: Tax Period:



CORNERSTONE CUSTOM HOMES INC
3386 JOHN ANDERSON DR
ORMOND BEACH FL 32176-2110

For assistance you may
call us at:

354-1760 LOCAL JAX
1-800-424-1040 OTHER FI

Attachment

LO 2003 / 790498

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING JULY 20, 1989, SUBJECT TO VERIFICATION OF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU, HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in telephone calls.

Keep this part for your records

Overlay 5 Form 8489 (Rev. 11)

Return this part to us with your check or inquiry

Your telephone number () -	Best time to call
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592971522 OW CORN 00 2 0000 670



INTERNAL REVENUE SERVICE
ATLANTA, GA 39901

CORNERSTONE CUSTOM HOMES INC
3386 JOHN ANDERSON DR
ORMOND BEACH FL 32176-2110



Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

DATE OF THIS NOTICE: 10-17-89
EMPLOYER IDENTIFICATION NUMBER: 59-2969300
TAX PERIOD ENDING: 03
07070167 B

CP 575

Attachment

CORNERSTONE CUSTOM HOMES INC
3386 JOHN ANDERSON DR
ORMOND BEACH FL 32075

*L02203
790498*

For assistance you may
call us at:

354-1760 LOCAL JACKSONVI
1-800-424-1040 OTHER FL

Or you may write to us at the address
shown at the left. If you write, be
sure to attach the bottom part of this
form.

TAX FORMS YOU MUST FILE:

1120

Notice of New Employer Identification Number Assigned

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). The number assigned to you is shown above. This number will be used to identify your business account and related tax returns and documents, even if you do not have employees.

1. Keep a copy of this number in your permanent records.
2. Use this number and your name exactly as shown above, on all Federal tax forms.
3. Use this number on all tax payments and tax related correspondence or documents.

Any variation used when filing tax returns, making FTD payments or subsequent payments may result in improper or delayed posting of payments to your account and/or the assignment of more than one EIN.

The filing requirement(s) and tax period shown above have been established for your account based on information contained on your Form SS-4. If you are a trust, your tax year generally must be a calendar year, unless you are exempt from taxation under section 501(a) of the Internal Revenue Code or a charitable trust described in section 4947(a)(1) of the Code. A partnership must conform its tax year to either its majority partners, its principle partners, or a calendar year, in that order, unless it can establish a business purpose for using a different year. Personal service corporation must have a required year for its tax year unless it can establish a business purpose for using a different year. See Publication 538, Accounting Periods and Methods, for a fuller discussion on the required year, including exceptions to the requirements. This publication is available at most IRS offices for more information.

Please note that the assignment of this number does not grant tax-exempt status to nonprofit organizations. Any organization (other than a private foundation) having annual gross receipts normally of \$25,000 or less is exempt by statute if it meets the requirements of Section 501(c)(3) of the Internal Revenue Code. These organizations are not required to file Form 1023 (Application for Recognition of Exemption) or file Form 990 (Return of Organization Exempt from Income Tax). However, if the organization wants to establish its exemption with the Internal Revenue Service and receive a ruling or determination letter recognizing its exempt status, it should file Form 1023 with the key district director. For details on how to apply for this exemption, see IRS publication 557, Tax-Exempt Status for your Organization, available at most IRS offices.

Thank you for your cooperation.