

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90302 039 \*\*\*150.00

0928114 AT

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

**6 GALE LANE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORMOND BEACH, FL.**

City & State

Zip

**32174**

Country

**FLAGLER**

Zip

Country

4. FEI Number **59-2971522**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JAMES C HOPE**

Street Address (P.O. Box Number is Not Acceptable)  
**6 GALE LANE**

City **ORMOND BEACH**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **D**  Delete  
NAME **HOPE, JAMES C**  
STREET ADDRESS **66 CREEK BLUFF WAY**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

Change  Addition  
**ADDRESS ONLY**  
NAME  
STREET ADDRESS **6 GALE LANE**  
CITY-ST-ZIP **ORMOND BCH, FL. 32174**

TITLE **S**  Delete  
NAME **HOPE, MICHELLE A**  
STREET ADDRESS **66 CREEK BLUFF WAY**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

Change  Addition  
NAME  
STREET ADDRESS **6 GALE LANE**  
CITY-ST-ZIP **ORMOND BCH, FL. 32174**

TITLE **VP**  Delete  
NAME **SILVERNAIL, ROBERT**  
STREET ADDRESS **937 CHICKADEE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 of James C Hope*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 31, 03** 386  
316 0331  
Date Daytime Phone #

CR2E034 (10/02)