

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90416 039 ***150.00

DOCUMENT # L07458

1. Entity Name

LITRELL CUSTOM HOMES, INC.

DEPARTMENT OF STATE

Principal Place of Business

9454 W CARAVAN PATH
 CRYSTA RIVER FL 34428
 US

Mailing Address

9454 W CARAVAN PATH
 CRYSTAL RIVER FL 34428
 US

2. Principal Place of Business

16 NE 2nd St.
 Suite, Apt. #, etc.

3. Mailing Address

16 NE 2nd St.
 Suite, Apt. #, etc.

City & State

Crystal River, FL

City & State

Crystal River, FL

Zip

Country

34429 USA

Zip

Country

34429 USA

4. FEI Number

59-2963328

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

LITRELL, KENNETH MARK
 9454 W CARAVAN PATH
 CRYSTAL RIVER FL 32629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Not Acceptable)

16 NE 2nd St.

City

FL

Zip Code

34429

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

TITLE PD
 NAME LITRELL, KENNETH MARK
 STREET ADDRESS 9454 W CARAVAN PATH
 CITY-ST-ZIP 16 NE 2nd St CRYSTAL RIVER FL

TITLE DVT
 NAME LITRELL, MARGARET SUSAN
 STREET ADDRESS 9454 W CARAVAN PATH
 CITY-ST-ZIP 16 NE 2nd St CRYSTAL RIVER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME 16 NE 2nd St
 STREET ADDRESS Crystal River, FL
 CITY-ST-ZIP 34429

TITLE
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 STREET ADDRESS Crystal River, FL
 CITY-ST-ZIP 34429

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 STREET ADDRESS
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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: Margaret Susan Litrell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02 (352) 795-7502
 Date Daytime Phone #