2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

L30651

1. Entity Name

GOVERNMENT HOME PROPERTIES INC.

i	THE RELLEGIES
	(December 1)
	OD WE THE

FILED Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90062 021 ***550.00

		7907 WI	EST POCAHANTAS	LOOP						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number	NOT APPLI	CABLE	—	oplied For ot Applicable
Country Zip				Country		5. Certificate c	f Status Desired		\$8.75 Add Fee Require	
6. Name	and Address of Current	Registered	Agent			7. Name and A	ddress of New F	Registered	Agent	
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				Stree	t Address (F	P.O. Box Number	is Not Acceptable	e)		
=	AS LOUP			-						
L 33013					·					
				City				FL	Zip Cod	e
		or the purpose	e of changing its i	registered office	or registere	ed agent, or both	in the State of Flo	orida. I am	familiar with,	and accept
Signature, typed	or printed name of registered agent	and title if applica	ble. (NOTE	: Registered Agent siç	gnature required	when reinstating)		DATE	 -	
ptember 10,	2003 Fee will be \$750							~ -		0 May Be
Payable to						1,00	T una contributio		- 70000	1101003
	OFFICERS AND	DIRECTORS	·	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND		
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	CCAHANTAS 615 Place of Busin #, etc. e 6. Name ROBERT T. POCAHANT L 33615 named entity ions of regist Signature, typed ILE NOW!! ptember 10, c Payable to D TROSKY,	#, etc. #, etc. Country 6. Name and Address of Current ROBERT T. POCAHANTAS LOOP L 33615 named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 or Payable to Florida Department or OFFICERS AND TROSKY, ROBERT	CCAHANTAS LOOP 7907 WI TAMPA 71ace of Business #, etc. City & Country Address of Current Registered. ROBERT T. POCAHANTAS LOOP L 33615 named entity submits this statement for the purpose ions of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. Signature, typed or printed name of registered agent and title if applications of registered agent. City & C	7907 WEST POCAHANTAS TAMPA FL 33615 Place of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ROBERT T. POCAHANTAS LOOP L 33615 mamed entity submits this statement for the purpose of changing its rions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 of Payable to Florida Department of State OFFICERS AND DIRECTORS	7907 WEST POCAHANTAS LOOP TAMPA FL 33615 Place of Business #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Nam ROBERT T. POCAHANTAS LOOP L 33615 City named entity submits this statement for the purpose of changing its registered office ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 11. Delete TILLE	TAMPA FL 33615 Place of Business #, etc. Suite, Apt. #, etc. City & State Country Zip Country Amme Country City City	7907 WEST POCAHANTAS LOOP TAMPA FL 33615 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Street Address (P.O. Box Number) ROBERT T. POCAHANTAS LOOP L 33615 City named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Pleamber 10, 2003 Fee will be \$750.00 to Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/C	OCAHANTAS LOOP 615 TAMPA FL 33615 Flace of Business 3. Mailling Address	OCAHANTAS LOOP 615 TAMPA FL 33615 Tace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name ROBERT T. POCAHANTAS LOOP L 33615 City Street Address (P.O. Box Number is Not Acceptable) City FL named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Parts OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIIE	#, etc. Suite, Apt. #, etc. City & State 4. FEI Number NOT APPLICABLE Apr. Apr. Applicable Apr. Applicable Apr. Applicable Apr. Applicable Applica

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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813-884-813