2001 UNIFORM BUSINESS REPORT (UBR)

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DOCU	iMENT #. L30764			. 5/44	s,						
KINGSLEY CUSTOM HOMES, INC.						F	ILED		·		
Principal Place of Business		Mailing Address				01 AUG -2 PM 2: 19					
955 SANDSTONE DRIVE		955 SANDSTONE DRIVE									
ORANGE PARI	K FL 32065	ORANGE PARK FL 32065		ح		TALLAHA	RY OF STA SSEE, FLO	RIDA			
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FE	El Number	9-2980454		———·	oplied For	7	
Zip Country		Zip Co		Country		Not Applicab S. Certificate of Status Desired \$8.75 Additional					e
	6. Name and Address of Current I	legistered Agent			7. Na	ame and Addr	ess of New Reg	istered	Fee Require Agent	·a	1
EULENFELD, CHRISTINE S				Name						•	
955	SANDSTONE DRIVE			Street Addre	ess (P.O. Bo	x Number is N	ot Acceptable)				1
ORA	ANGE PARK FL 32065										1
				City				FL	Zip Code	е	1
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or reg	istered ager	nt, or both, in th	ne State of Floric	la.			1
SIGNATURE											
	Signature, typed or printed name of registered agent a	<u> </u>		d Agent signature re	quired when reins	stating)		DATE			
 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					Campaign Finan d Contribution,	cing [0 May Be to Fees	
11.	OFFICERS AND D		12.			OITIONS/CHAN	GES TO OFFICE	RS AND	DIRECTORS	S IN 11	ł
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NAME	EULENFELD, CHRISTINE S		NAM	1		£ "" "	-08/15/0	"" 1	. 1 (2) (—— <u>I</u> 112	ļ
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	pertify that the information supplied with t	als filing does not qualify for		ST-ZIP	Section 111	0.07(0)(3) Fig. (No Charles 11			favor e l' -	
	and are inconnection supplied with the	no minigrados not qua rcy (0) (いして せんせい	nouon stated if	LOCCUUII I IS	a.uz rajur. Eloru	ia siaures i fur	mer cert	uv that the int	wmanon	

13. Thereby 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 and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/01

904.3765637

General Contractor

July 23, 2001

Division of Corporations

RE:

2001 Uniform Business Report

Kingsley Custom Homes, Inc. L-30764

I am attaching our annual report together with our check in payment of the \$150.00 fee and a letter from my physician explaining my absence from the office during the months of March, April, May and June.

Due to surgery, medications and recuperation I was unable to work and my paperwork piled up and my report was left in pending. I spoke to the filing office and explained the situation to them and they told me if I got a letter from my physician I could have the late fees waived.

I would sincerely appreciate your assistance in waiving these late fees. As stated, I was out of the office for some time and I am just getting our organizational paperwork caught up.

Thank you very much for your assistance.

Sincerely,

Christine Eulenfeld