2000 UNIFORM BUSINESS REPORT (UBR)

| DOOL | MENT " LOCO | 20000070 | | | | • | | |
|--|--|---------------------------------------|-------------------------------|-----------------------------|---|---|-------------------------|--|
| DOCUMENT # L9600000270 1. Entity Name | | | | | FILED | | | |
| HOMES BY CHARLES, L.C. | | | 육 도로 | | 00 JAN 20 | PM 4: 24 | | |
| | | · | | | | | | |
| Principal Place of Business Mailing Address 644 WEDGEWOOD DR. P.O. BOX 143 | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| GULF SHORES AL 36542 GULF SHORES AL 3654 | | | -0143 | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business . 3. Mailing Add | | | Address | | 16811A1; 818 18119 81111 \$8111 88111 83111 83111 1 | | | |
| Suite, Apt. #, etc. S | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-3367777 Applied For Not Applicable | | | |
| Zip | Country | Žip | Country | 5. Certif | ficate of Status Desired . | \$5.00 Add Fee Require | | |
| | 6. Name and Address of Curr | ent Registered Agent | | 7. Name | e and Address of New Register | red Agent | _ _ | |
| EMMANII | EL, PATRICK G | | Name | | | | | |
| 30 S SPRING STREET | | | Street Ad | Idress (P.O. Box N | ess (P.O. Box Number is Not Acceptable) | | | |
| PENSACOLA FL 32501 | | | | | 1 | | | |
| | | | City | | | FL Zip Cod | е | |
| 8. The above | named entity submits this stateme | nt for the purpose of changing its | s registered office or r | registered agent, o | or both, in the State of Florida. | | | |
| OLONATURE | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered a | gent and title if applicable. (NOT | E: Registered Agent signature | e required when reinstation | ng) D/ | ATE | | |
| | • | | OW!!! FEE IS \$5 | | بحرين ستعيز د د د د سيات عد | مقتنسدون بدخ | . ب حد بد. | |
| | · · · · · · · = | Make Check Pa | ayable to Departm | nent of State | <u> </u> | • | | |
| 9. | MANAGING ME | MBERS/MEMBERS | 10. | | ADDITIONS/CHAN | IGES | | |
| TITLE NAME | MEM RUNELS, CHARLES | ☐ Delete | TITLE NAME | | | Change Change | Addition | |
| STREET ADDRESS | P O BOX 143 N/A | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | GULF SHORES AL 36547 | <u>_</u> | CITY-ST-ZIP | | | | | |
| TITLE NAME | MEM WILLIAMS, CHARLES M | ☐ Delete | TITLE NAME | | 50000311 | 2355- | - □ Addition | |
| STREET ADDRESS | P O BOX 10025 N/A | | STREET ADDRESS | | -01/27/00- | 010180 0==*****5 | 50 | |
| CITY-ST-ZIP | BIRMINGHAM AL 35202 | . 🖨 | CITY-ST-ZIP | _ | *****50.0 | | U . UU _ [] Addition | |
| NAME | | | #AME | | | | _ 1 | |
| STREET ACCRESS | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| CITY- ST- ZIP | | ☐ Delets | TITLE | | | ☐ Change | Addition | |
| NAME | | | NAME | | 1 | <u> </u> | _ | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS City-St-Zip | | (I) | | | |
| TITLE . | | · Delete | TITLE | _ | 1 K | Change | Addition | |
| NAME | | | NAME | | 4 | | | |
| STREET ADDCESS | | | STREET ADDRESS CITY-ST-ZIP | | .* | | | |
| TIFLE | | Ocieta | TITLE | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Change . | Addition | |
| MAME | | | NAME | • | in the second of the second day. | All Carpor Charles | • • | |
| STREET ADDRESS CITY-ST-ZIP | · · · | | STREET ADDRESS CITY-ST-ZIP | | • | | | |
| 11. I hereby o | I certify that the information supplied | with this filing does not qualify for | the exemption state | ed in Section 119.0 | 07(3)(i), Florida Statutes. I furthe | r certify that the in | formation | |
| indicated | on this report is true and accurate | and that my signature shall have | the same legal effect | t as if made under | oath; that I am a managing me | ember or manage | r of the | |

1-6-00 334-968-6261.

Date Daytime Phone #