

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78164

1. Entity Name  
**CARDIFF HOMES, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90070 013 \*\*\*158.75

Principal Place of Business <b>4312 N SUNCOAST BLVD CRYSTAL RIVER FL 34428 US</b>	Mailing Address <b>4312 N SUNCOAST BLVD CRYSTAL RIVER FL 34428-6381 US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4312 N Suncoast Blvd</i>	3. Mailing Address <i>4312 N Suncoast Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Crystal River, FL</i>	City & State <i>Crystal River, FL</i>	4. FEI Number <b>59-2885672</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34428</i>	Country <i>USA</i>	Zip <i>34428</i>	Country <i>USA</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ROSSELET, MICHAEL R.  
4312 N. SUNCOAST BOULEVARD  
CRYSTAL RIVER FL 34428**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	<b>FL</b>	Zip Code
------	--	------	-----------	----------

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSSELET, MICHAEL R.</b>		NAME	
STREET ADDRESS <b>4312 N. SUNCOAST BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CRYSTAL RIVER FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Frances A Kemper* V-Pres, Secretary **4-3-00** (352) 563-2550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**FRANCES A KEMPER**

CR2E034 (9/99)