

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 4312 N SUNCOAST BLVD CRYSTAL RIVER FL 34428 US	Mailing Address 4312 N SUNCOAST BLVD CRYSTAL RIVER FL 34428-6381 US
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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 59-2885672	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"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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 _____ (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, 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	
TITLE PD	<input type="checkbox"/> Delete
NAME ROSSELET, MICHAEL R.	
STREET ADDRESS 4312 N. SUNCOAST BLVD.	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE VDS	<input type="checkbox"/> Delete
NAME KEMPER, FRANCES A.	
STREET ADDRESS 4312 N. SUNCOAST BLVD.	
CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 **FRANCES A KEMPER** Date Daytime Phone #

CR2E034 (9/99)