2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M89214

1. Entity Name

WAF HOMES, INC.

Principal Place of Business

856 CAPE CORAL PKWY



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90305 016 ***150.00

CAPE CORAL FL 33904 US		CAPE CORAL FL 33904 US							
2. Principal Place of B	3. Mailing Address				1 (23)2211 (21) 21(1) 31(
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FI	Applied Fo Not Applica			
Zip <u>.</u>	Country	Zip		Country	5. C	Certificate of Status Desired	\$8.75 Add Fee Required		
	ame and Address of Current F	Penistere	1 Agent		7. N	lame and Address of New Registered	Agent		
6. Na	me and Address of Current	egiatoret	- Agont	Name	1.				
FITCH, WAYNE A				Street Addres	s (P.O. Bo	ox Number is Not Acceptable)			
856 CAPE CORAL									
CAPE CORAL FL	33904			City		F	Zip Code	e	
				wistored office or regis	tered and	ent, or both, in the State of Florida. I ar	n familiar with,	and accept	
8. The above named the obligations of re	entity submits this statement for egistered agent.	the purp	ose of changing its re	egistered office of regis	stered ag				
SIGNATURE	typed or printed name of registered agent a	and title if appa	licable (NOTE: I	Registered Agent signature req	uired when re	einstating) DATE			
FILE NO	W!!! FEE IS \$150.00 , 2003 Fee will be \$550.00	no line ii zpp				Election Campaign Financing Trust Fund Contribution.		May Be	
Make Check Payab	le to Florida Department of	State	.•	· <u>· · </u>			ND DIDECTOR	CIN 11	
10.	OFFICERS AND		RS	11.	AC	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR ☐ Change	Addition	
TITLE PD		·	☐ Delete	TITLE NAME					
NAME FITCH	I, WAYNE A. S.W. 6TH AVE.			STREET ADDRESS					
	CORAL FL			CITY-ST-ZIP					
TITLE VD			☐ Delete	TITLE			☐ Change	Addition	
	I, MARIÉ A.			NAME					
	S.W. 6TH AVE.			STREET ADDRESS CITY-ST-ZIP					
	CORAL FL		N2)	TITLE		<u> </u>	☐ Change	☐ Addition	
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NAME LEAS STREET ADDRESS 856 (E, JERRY CAPE CORAL PKWY			STREET ADDRESS					
	CORAL FL	_		CITY-ST-ZIP				N Addition	
TITLE S			☐ Delete	JITLE 7			☐ Change	Addition	
NAME DI FA	LCO, CONNIE			NAME STREET ADDRESS				1	
	CAPE CORAL PKWY			CITY-ST-ZIP					
1	CORAL FL			TITLE	-		☐ Change	☐ Addition	
TITLE V	rh, Gregg		CT Delete	NAME					
STREET ADDRESS 856 (CAPE CORAL PKWY			STREET ADDRESS					
	CORAL FL 33904			CITY-ST-ZIP				Addition	
TITLE			☐ Delete	TITLE			Change	Manifoli	
NAME				NAME STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
CITY-ST-ZIP	hat the information supplied wit	h this filin	n does not qualify for		in Section	n 119.07(3)(i), Florida Statutes. I further	r certify that the	information	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Fiorida statutes. Fidure Certify that the thinding 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 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 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 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 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 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 indicated on this report of 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 indicated on this report of 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 indicated on this report of supplemental report of supplemental report is true and accurate and that my supplemental report of supplemental repo