

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90244 039 ****70.00

DOCUMENT # N98000001152

1. Entity Name
VERTYLLION HOMES, INC.

Principal Place of Business Mailing Address
2565 ENDSLEY RD. PO BOX 15381
BROOKSVILLE FL 34609 BROOKSVILLE FL 34604
US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3554883** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, VERTYLE S
2565 ENDSLEY RD.
BROOKSVILLE FL 34609 34604

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. I am familiar with, and accept the obligations of registered agent.

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

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, VERTYLE S	
STREET ADDRESS	2565 ENDSLEY RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, DOUGLAS	
STREET ADDRESS	2565 ENDSLEY RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, KIMBERLY	
STREET ADDRESS	2565 ENDSLEY RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, AUGUSTINE L	
STREET ADDRESS	2599 ENDSLEY RD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
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"/> 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	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rose Bilal	
STREET ADDRESS	111 E. Plymouth St.	
CITY-ST-ZIP	Tampa FL 33610	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Vertyle S. Moss 7/5/02 799-6647**

CR2E037 (4/02)