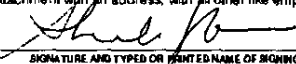


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90042 013 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000008205			
1. Entity Name AFFORDABLE HOMES BY SHEILA, INC.			
Principal Place of Business 11 42ND STREET NORTH SUITE 205 ST. PETERSBURG, FL 33713		Mailing Address 11 42ND STREET NORTH SUITE 205 ST. PETERSBURG, FL 33713	
2. Principal Place of Business		3. Mailing Address P.O. Box 46524	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Pete Beach, FL	
Zip	Country	Zip	Country
		33741	
4. FEI Number 59-3634197		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTMAN, SHEILA 11 42ND STREET NORTH SUITE 205 ST. PETERSBURG, FL 33713		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when withdrawing)			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTMAN, SHEILA 11 42ND STREET NORTH, SUITE 205 ST. PETERSBURG, FL 33713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 607, 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:  SHEILA HUTMAN, PRES.		Date: 5-1-03 Daytime Phone: _____	

80114288



☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)