

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90255 033 \*\*\*150.00

**DOCUMENT # P00000008268**

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

Principal Place of Business  
**1140 LEE BOULEVARD #101**  
**LEHIGH ACRES FL 33936**

Mailing Address  
**1140 LEE BOULEVARD #101**  
**LEHIGH ACRES FL 33936**

2. Principal Place of Business  
**541 SW 51 TERR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**541 SW 51 TERR.**  
 Suite, Apt. #, etc.

City & State  
**CAPE CORAL, FLORIDA**  
 Zip **33914** Country **LEE**

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**CAPE CORAL, FLORIDA**  
 Zip **33914** Country **LEE**

4. FEI Number **65-0974931**  
 Applied For   
 Not Applicable

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

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

**PFUNER, HEINZ**  
**1140 LEE BOULEVARD #101**  
**LEHIGH ACRES FL 33936**

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

Name **EHRENREICH JOHANN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**541 S.W. 51 TERRACE**  
 City **CAPE CORAL** FL Zip Code **33914**

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  **Ehrenreich Johann** DATE **2-7-01**  
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, 2001 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 **D**  Delete  
 NAME **EHRENREICH, JOHANN**  
 STREET ADDRESS **541 SW 51ST TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33936**

TITLE **D**  Delete  
 NAME **PFUNER, HEINZ**  
 STREET ADDRESS **1140 LEE BOULEVARD #101**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P, D**  Change  Addition  
 NAME **EHRENREICH, JOHANN**  
 STREET ADDRESS **541 SW 51 TERR**  
 CITY-ST-ZIP **CAPE CORAL, FLORIDA 33914**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP, D**  Change  Addition  
 NAME **EHRENREICH, MARGARETHE**  
 STREET ADDRESS **541 SW 51 TERR**  
 CITY-ST-ZIP **CAPE CORAL, FLORIDA 33914**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:  **Ehrenreich Johann** DATE **2-7-01** Daytime Phone # **941-549-2444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

05-31