


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 039 ***150.00

DOCUMENT # <u>P00000018500</u>	
1. Entity Name <u>COLLABORATIVE HOUSING NETWORK</u> <u>Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>327 GRACIELA CIRCLE</u> Suite, Apt. #, etc. _____ City & State <u>ST AUGUSTINE, FL</u> Zip <u>32086</u> Country <u>USA</u>	3. Mailing Address <u>327 GRACIELA CIRCLE</u> Suite, Apt. #, etc. _____ City & State <u>ST AUGUSTINE, FL</u> Zip <u>32086</u> Country <u>USA</u>
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4. FEI Number <u>65-0991067</u>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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<p align="center">DO NOT WRITE IN THIS SPACE</p>	7. Name and Address of Current Registered Agent Name <u>DONALD REIS</u> Street Address (R.O. Box Number is Not Acceptable) <u>327 GRACIELA CIRCLE</u> City <u>ST AUGUSTINE</u> FL <u>32086</u>
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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 re-registering) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MD/ST</u> <u>DONALD REIS</u> <u>327 GRACIELA CIRCLE</u> <u>ST AUGUSTINE, FL 32086</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE: DONALD E REIS 4/10/03 904/797-2120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED34B (12/02)