

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90206 045 \*\*\*150.00

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**DOCUMENT # P00000045554**

1. Entity Name  
**OUT TREK HOMES INCORPORATED**



Principal Place of Business  
**1001 SE 12TH COURT  
UNIT D  
CAPE CORAL FL 33990**

Mailing Address  
**1001 SE 12TH COURT  
UNIT D  
CAPE CORAL FL 33990**



2. Principal Place of Business  
**412 NW 38TH PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**POST OFFICE BOX 152381**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL, FLORIDA**  
Zip  
**33993** Country  
**U.S.A.**

City & State  
**CAPE CORAL, FLORIDA**  
Zip  
**33915** Country  
**U.S.A.**

4. FEI Number **65-1076278**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, JESSE M  
3108 SW 18TH PLACE  
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name  
**MILLER, JESSE M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**412 NW 38TH PLACE**  
City  
**CAPE CORAL** FL Zip Code  
**33993**

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 *Jesse M. Miller* **JESSE M. MILLER, P.V.S.T.** **April 18, 2003**  
(NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MILLER, JESSE M 3108 SW 18TH PLACE CAPE CORAL FL 33914</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MILLER, JESSE M. 412 NW 38TH PLACE CAPE CORAL, FLORIDA 33993</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jesse M. Miller* **JESSE M. MILLER, P.V.S.T.** **April 18, 2003** **(289) 282-1165**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)