

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90076 017 ***150.00

DOCUMENT # P00000045677

1. Entity Name
NEW HOMES DISCOVERY, INC.



Principal Place of Business
**333 S TAMiami TRAIL
SUITE 208
VENICE FL 34285
US**

Mailing Address
**1125 KINGSWAY DRIVE
NOKOMIS FL 34275**

20010634



2. Principal Place of Business

523 S. TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Zip

34285

Country

US

Zip

Country

4. FEI Number **65-1012968**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KELLER, KANO
1125 KINGSWAY DRIVE
VENICE FL 34275**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KELLER, KANO**
STREET ADDRESS **3056 CONCORD ROAD**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** ☐ Delete
NAME **DWORSKY, FREDRIC J**
STREET ADDRESS **1125 KINGSWAY DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KELLER, KANO**
STREET ADDRESS **1125 KINGSWAY DRIVE**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

941-350-1980

Date

Daytime Phone #

CR2E034 (10/02)