

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 049 ***150.00

0567315 AV

DOCUMENT # P00000069931

1. Entity Name
CHADWICK HOMES, INC.



Principal Place of Business
4317 ELDRON AVE.
NORTH PORT FL 34287

Mailing Address
4317 ELDRON AVE.
NORTH PORT FL 34287

11033902



2. Principal Place of Business
449 SHAMROCK BLVD
Suite, Apt. #, etc.

3. Mailing Address
449 SHAMROCK BLVD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
VENICE, FL

City & State
VENICE FL

4. FEI Number 65-1135637

Applied For
 Not Applicable

Zip 34293 Country U.S.A.

Zip 34293 Country

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

6. Name and Address of Current Registered Agent

KURTZ, RICHARD E
4317 ELDRON AVE.
NORTH PORT FL 34287

7. Name and Address of New Registered Agent
Name KURTZ, RICHARD E.
Street Address (P.O. Box Number is Not Acceptable) 449 SHAMROCK BLVD.
City VENICE FL Zip Code 34293

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 RICHARD E. KURTZ *Richard E. Kurtz* 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (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	<input type="checkbox"/> Delete D KURTZ, RICHARD E 4317 ELDRON AVE. NORTH PORT FL 34287
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D RICHARD E. KURTZ 449 SHAMROCK BLVD VENICE, FL 34293
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
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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: *Richard E. Kurtz* APRIL 30, 2003 (941) 492-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)