

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91063 015 \*\*\*150.00

0686900  
AV

**DOCUMENT # P00000073319**

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



**Principal Place of Business**  
**150 NW 75TH DR. STE A**  
**GAINESVILLE FL 32607**

**Mailing Address**  
**150 NW 75TH DR. STE A**  
**GAINESVILLE FL 32607**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**NOT APPLICABLE**

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**

**BULLARD, BARRY P**  
**150 NW 75TH DR, STE A**  
**GAINESVILLE FL 32607**

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

Name

**Barry P. Ballard**

Street Address (P.O. Box Number is Not Acceptable)

**126 N. W. 76th Drive, Suite A**

City

**Gainesville**

FL

Zip Code

**32607**

**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, 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**

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

**TITLE**  
**D**  
**BULLARD, BARRY P**  
**150 NW 75TH DR, STE A**  
**GAINESVILLE FL 32607**

☐ Delete

**TITLE**  
**D**  
**Barry P. Ballard**  
**126 NW 76th Drive, Suite A**  
**GAINESVILLE FL 32607**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

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☐ Change ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/17/03 352-331-7162**

Date

Daytime Phone #

CR2E034 (10/02)