2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P00000109310 1. Entity Name HAMSHER HOMES, INC. 04-12-2001 90005 047 ***150.00 Principal Place of Business Mailing Address 84 PINEHURST COURT PO BOX 7842 ROTONDA WEST FL 33947 NORTH PORT FL 34287 2. Principal Place of Business 3. Mailing Address 5398 Kenvil Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 1,5-1058336 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMSHER, LISA Street Address (R.O. Box Number is Not Acceptable) 5398 Nenvil Drive **84 PINEHURST COURT ROTONDA WEST FL 33947** 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Delete Hamsher, Donald W Jr. NAME NAME STREET ADDRESS STREET ADDRESS 84 Pinehurst Court CITY-ST-ZIP CITY-ST-ZIP Rotonda West it 33947 X Addition Change .. TITLE TITLE ☐ Delete Hamsher, Mark 5 NAME NAME 834 Ponderosa STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Yenice, Fi 33511 Change -TITLE -~: ☐ Delete Hamsher, Lisa J NAME NAME 84 Pinehurst Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Rotanda West. Fi 33947 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS By the other was the first to STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Established to the TITLE ☐ Delete Change Addition NAME LASSY- \$41 NAME AL MIL A. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 4-4-01 941-426-0671