

FILED  
Sep 23, 2002 8:00 am  
Secretary of State

09-09-2002 90025 021 \*\*\*550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033998

1. Entity Name  
HOUSING RE-DEVELOPMENT, INC.

Principal Place of Business  
4324 W. 3RD ST.  
LEHIGH ACRES FL 33971

Mailing Address  
4324 W. 3RD ST.  
LEHIGH ACRES FL 33971

42871

2. Principal Place of Business  
5170 Buckingham Rd  
Suite, Apt. #, etc.

3. Mailing Address  
5170 Buckingham Rd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FORT MYERS FL  
Zip  
33905  
Country  
LEC

City & State  
FORT MYERS FL  
Zip  
33905  
Country  
LEC

4. FEI Number  
65-1088302

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LONERGAN, JOHN R ESQ.  
12520 WORLD PLAZA LN., STE. 1  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent  
Name Eric J. Herrholz  
Street Address (P.O. Box Number is Not Acceptable)  
5170 Buckingham Rd  
City Ft. Myers FL Zip Code 33905

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 \_\_\_\_\_ DATE 9-3-02  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRHOLZ, ERIC J <del>4324 W. 3RD STREET</del> 5170 Buckingham Rd LEHIGH ACRES FL 33971 Ft. Myer, FL 33905 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02 728-8000  
Date Daytime Phone

CR2E034 (4/02)