

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90110 004 \*\*\*150.00

**DOCUMENT # P01000037201**

1. Entity Name  
**RAY HUGHES HOMES OF FLORIDA, INC.**



Principal Place of Business  
**733 ENSENADA DRIVE  
ORLANDO FL 32825**

Mailing Address  
**733 ENSENADA DRIVE  
ORLANDO FL 32825**

**30044840**



2. Principal Place of Business  
**1212 COOPER RIDGE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1212 COOPER RIDGE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MC DONOUGH, GA**

City & State  
**MC DONOUGH GA**

4. FEI Number  
**59-3712298**

Applied For  
Not Applicable

Zip  
**30252**

Country  
**USA**

Zip  
**30252**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**HUGHES, CHARLES R  
733 ENSENADA DRIVE 1212 COOPER RIDGE  
ORLANDO FL 32825 MC DONOUGH, GA 30252**

7. Name and Address of New Registered Agent

Name  
**GENEVIEVE TARRIS**  
Street Address (P.O. Box Number is Not Acceptable)  
**313 GRANADA DRIVE**  
City  
**WINTER PARK FL** Zip Code  
**32789**

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.

**3-04-03**  
(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 NAME STREET ADDRESS CITY-ST-ZIP	DPST HUGHES, CHARLES R 733 ENSENADA DRIVE ORLANDO FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HUGHES, CHARLES R 1212 COOPER RIDGE MC DONOUGH, GA 30252	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>NONA GENEVIEVE TARRIS 313 GRANADA DR WINTER PARK FL 32789</del>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: **CHARLES R. HUGHES** 1-10-03 404-597-4443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)