2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90068 047 ***150.00

B0051854

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000040824

1. Entity Name
OAK CREST HOMES, INC.

Principal Place of Business	Mailing Address
4144 N. ARMENIA AVE., STE. 300 TAMPA FL 33607	4144 N. ARMENIA AVE., STE. 300 TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address
27610 Sky Lake Circle Suite, Apt. #, etc.	27610 Sky Lake Circle Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State: Wesley Chapel, FL
Zip: 33543 Country: U.S.A.	Zip: 33543 Country: U.S.A.

4. FEI Number 59-3720782 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BACCARELLA, DOMINIC J 4144 N. ARMENIA AVE., STE. 300 TAMPA FL 33607	Name: Stephen R. Mangione Street Address (P.O. Box Number is Not Acceptable): 27610 Sky Lake Circle City: Wesley Chapel, FL Zip Code: 33543

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: Stephen R. Mangione, Stephen R. Mangione Co-President DATE: 3/14/2002
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 $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, JEFFREY A 4718 PRESTON WOODS DR. VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGIONE, STEPHEN R 19137 GOLDEN CACOON PLACE LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	27610 Sky Lake Circle Wesley Chapel, FL 33543	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Stephen R. Mangione 3/14/2002 (813) 907-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)