APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042780

1. Entity Name
SIERRA HOMES, INC.

900022700329
09/02/03--01047--010 **550.00

Principal Place of Business	Mailing Address
125 QUAIL RIDGE CT SANFORD, FL 32771	POST OFFICE BOX 953053 LAKE MARY, FL 32795-3053

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		PO Box 470844	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Lake Monroe FL	
Zip	Country	Zip: 32747	Country: USA

4. FEI Number: 59-3716357 — 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
HUDSON, KEVIN R 125 QUAIL RIDGE CT SANFORD, FL 32771	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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] 8-29-03
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	TITLE	☐ Change ☐ Addition
NAME	HUDSON, KEVIN R ☐ Delete	NAME	
STREET ADDRESS	125 QUAIL RIDGE CT	STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Vice President ☐ Change ☒ Addition
NAME		NAME	Samartha Hudson
STREET ADDRESS		STREET ADDRESS	125 Quail Ridge Ct
CITY-ST-ZIP		CITY-ST-ZIP	Sanford, FL 32771
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] 8-29-03 321-228 9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #