

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000049730**

1. Entity Name

**PALM COAST HOME BUILDERS, INC.****FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90227 030 \*\*\*550.00

DUPLICATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>341 N. MAITLAND AVE., STE. 340 MAITLAND FL 32751</b>		Mailing Address <b>341 N. MAITLAND AVE., STE. 340 MAITLAND FL 32751</b>	
2. Principal Place of Business <b>9616 Weatherstone Ct.</b>		3. Mailing Address <b>Post Office Drawer 7540</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Windermere, Florida</b>		City & State <b>Maitland, Florida</b>	
Zip <b>32786</b>	Country	Zip <b>32794-7540</b>	Country <b>USA</b>
4. FEI Number <b>59-3719597</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TATICH, PHILIP 341 N. MAITLAND AVE., STE. 340 MAITLAND FL 32751</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
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"/> Delete	DPS Mamin, Marat <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9616 Weatherstone Ct. Windermere, Florida 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DVP Detert, Allan L. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7600 Dr. Phillips Blvd., Suite 3 Orlando, Florida 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)