

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0514651 AV

03-20-2002 90028 007 ***150.00

DOCUMENT # P01000052917

1. Entity Name

ENGLISH ROSE HOMES AND MANAGEMENT, INC.

Principal Place of Business

4134 GULF OF MEXICO DR STE 302
LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DR STE 302
LONGBOAT KEY FL 34228

2. Principal Place of Business

1123 CASTERTON CIRCLE

3. Mailing Address

1123 CASTERTON CIRCLE

Suite, Apt. #, etc.

WESTRIDGE SOUTH

Suite, Apt. #, etc.

DA WESTRIDGE SOUTH

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

Zip

33837

Country

U.S.A

Zip

33837

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

09-3724475

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CLAYTON, GARY

4134 GULF OF MEXICO DR STE 302
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name CLAYTON, GARY

Street Address (P.O. Box Number is Not Acceptable)

1123 CASTERTON CIRCLE

WESTRIDGE SOUTH

City DAVENPORT

FL

Zip Code

33837

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: x

G. J. Clayton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/07/02

DATE

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, GARY	
STREET ADDRESS	4134 GULF OF MEXICO DR STE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, GARY	
STREET ADDRESS	1123 CASTERTON CIRCLE	
CITY-ST-ZIP	DAVENPORT - FL - 33837	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: x G. J. Clayton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/02

Date

Daytime Phone #

CR2E034 (9/01)