

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90104 026 ***150.00

DOCUMENT # P01000055846

1. Entity Name
TREASURED HOMES CORP.

B0132974

Principal Place of Business
**1108 E. NEWPORT CENTER DR.
 DEERFIELD BCH FL 33442**

Mailing Address
**1108 E. NEWPORT CENTER DR.
 DEERFIELD BCH FL 33442**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
612 E. ATLANTIC AVE.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL.

City & State
DELRAY BEACH, FL.

4. FEI Number
65-1179143

Applied For
 Not Applicable

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

Zip
33403

Country
PALM BEACH

Zip
 Country

6. Name and Address of Current Registered Agent
**MARKELL, LAWRENCE J
 5355 TOWN CENTER RD., SUITE 801
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	PTD MANNELLA, FRANK 3400 S. OCEAN BLVD. HIGHLAND BCH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANNELLA, LUCILLE 3400 S. OCEAN BLVD. HIGHLAND BCH FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 my address, with all other like empowered.

SIGNATURE: *Lawrence J. Markell* **2/29/2002** **561-276-3451**

CR2E034 (4/02)



Attachment
P01000055846

NATIONS HOME MORTGAGE CORPORATION

612 EAST ATLANTIC AVENUE

DELRAY BEACH, FL. 33483

PHONE: (561) 276-3451

FAX: (561) 272-0131

2/28/2002

~~I NEVER RECEIVED FIRST~~
UBR IN MAIL FOR TREASURED
HOMES INC. DUE TO CHANGE OF
ADDRESS. I CALLED ON PHONE AND
I'M ENCLOSING CHECK FOR \$150.00
PER INSTRUCTIONS. PLEASE NOTE
NEW ADDRESS

J. Munn