2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000068012

1. Entity Name

DIRECT HOMES, INC



Principal Place of Business 7470 PINE VALLEY LANE

SEMINOLE FL 33776

Mailing Address

7470 PINE VALLEY LANE

SEMINOLE FL 33776

O. Driveria I Co.							
2. Principal Place of Business		3. Mailing Address			AND BUILD NUMBER SAID NAID NAID NAID N		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number APPLIED FOR	Applied For		
Zip	Country	Zíp	Country	5. Certificate of Status Desired	\$8.75 Additional		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registers	Fee Required		
INDE DAMP I			Name	Name Name			
HYDE, ČAVID K			Stroot Addison	Chook Addus (D.O. D. A.			
	7423 DARTMOUTH AVE N			Street Address (P.O. Box Number is Not Acceptable)			
SIPER	ERSBURG FL 33710						
Ì	V. 3		City		Zip Code		
8. The abov	e named entity submits this statement	for the nurnose of changing	ito registere de 661 e e e	istered agent, or both, in the State of Florida. 1 a	L Zip Code		
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (N	OTE: Registered Agent signature req	juired when reinstating) DATE			
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
TITLE	OFFICERS AN	D DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11		
NAME	HYDE, DAVID K	☐ Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP	7423 DARTMOUTH AVE N ST PETERSBURG FL 33710		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME STREET ADDRESS			NAME		☐ Change ☐ Additio		
CITY-ST-ZIP	·		STREET ADDRESS				
TITLE		☐ Delete	CITY-ST-ZIP				
NAME		LT Delete	TITLE NAME	•	☐ Change ☐ Additio		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS			NAME STREET ADDRESS		_ riddillor		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME			NAME	$\dot{\mathbf{x}}$	☐ Change ☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
			CITY-ST-7IP				

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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

Jan 17, 2003 8:00 am Secretary of State

FILED

01-17-2003 90140 002 ***150.00

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