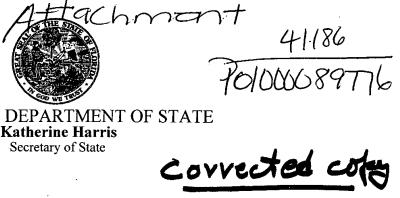
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200	2 UNIFORM BUSI	NESS REP	DRÎT _S	(UBR)	Aug	11, 200	Z 8:U	u am	
	JMENT# P0100	Aug 11, 2002 8:00 am Secretary of State 07-10-2002 90181 044 ***558.75							
1. Entity Na	AS HOMES REALTY, INC.			O Total	A 07-1	0-2002 30181 0	44 556	.73	
RECEN	RRALS OF PINFLLA	25 Courts	7.10	16-7	? 				
Principal Pl	ace of Business	Malling Address	121C		Þ				
8113 BAY D		8113 BAY DR TAMPA FL 33635				411	86		
	•				1 (0 2) (0 0) (2) (0	TIBE HOLL APIN BİLIR DİLV O	loði sállið sansi i da	li (000 201).ee)	
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN TH	UD 00405		
City & Sta	ate	City & State			59-3748622				,
Zip	Country				4. Tibel	74622		Applied For Not Applicable	1
	Country	Zip	Country	y 	5. Certificate of Sta		\$8.75 A	dditional red	
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Addr	ess of New Registers	d Agent		
DEUFĘL, 8113'6A'	, JOHN H			Street Address (P.O. Box Number is N	ot Acceptable)			
TAMPA F		-	-						
			<u> </u>	City		F	Zip Co	de	
8. The above	e named entity submits this statement for ti	he purpose of changing its	registered	office or register	ed agent, or both, in th	ne State of Florida. I a	m familiar with	, and accept	
SIGNATURE	- ·								ı
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered A	gent signature required	when reinstating)	DATE			
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After September 13.			. 2002 Fe	e will be \$750.0	W I	Campaign Financing		00 May Be	
(See crite	OFFICERS AND DI	Make Check Payab	le to Dep	artment of Stat	e Trust Fund	d Contribution.		d to Fees	
TITLE	CITIOENS AND DI	Delete	TITLE	Pr	ADDITIONS/CHAN	GES TO OFFICERS AN	DIRECTOR Change		(3)
name Street address	,		NAME STREET	ADDRESS	hn H D	B4461		_	₹
CITY-ST-ZIP			cny-st	-ZIP	S PAY	DE SAL	5		CR2E034 (4/02)
NAME	☐ Delete		TITLE NAME		metery v		Change	☐ Addition	5
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NAME Street address			NAME STREET A	DOMESTS.	7mr ry .		Change	☐ Addition	
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iame Treet address			NAME STREET AD	DRFSS			- vieide		
TY-ST-ZIP	and the shape shape to the		CITY-\$1-7	7IP	•	·			
of the corp	erily that the information supplied with this on this report or supplemental report is true obration or the receiver or trustee empower or on an attachment with an admissis, with	ed to execute this report as	he exempti signature	on stated in Secti shall have the sar	ion 119.07(3)(i), Florida me legal effect as if ma	Statutes. I further cer ade under oath; that I	ntify that the inf	ormation or director	
changed, o	or on an attachment with an address, with	all other like empowered.		oy chapter 607, F	ioriua Sialutes; and th	at my name appears i	n Block 11 or 1	Block 12 if	
IGNAT	JRE:	ED NAME OF KNING OFFICER OF	DIRECTOR	HNH	DEVFE	L PRES	7/	Bez	1
	- U -				Dete		aytime Phone Tr	• - T	1



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

July 12, 2002

REFERRALS OF PINELLAS COUNTY, INC. 8113 BAY DR **TAMPA, FL 33635**

Subject: PINELLAS HOMES REALTY, INC.

Reference Number:

P01000089776

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report has not been filed and a copy is being returned for the following correction(s):

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ml ANNUAL REPORTS SECTION