## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000110150

**DOCUMENT #** 1. Entity Name



## **FILED** Mar 17, 2003 8:00 am \$ Secretary of State 03-17-2003 90696 037 \*\*\*150.00

RICHARD SPAETH CUSTOM HOMES, INC.				<b>/</b>		
Principal Place of Business 252 RIDGEDALE DR. LAKELAND FL 33809		Mailing Address 252 RIDGEDALE DR. LAKELAND FL 33809				
			<b>.</b>			
2. Principal Place of Business		3. Mailing Address 5471 Bloom Field BLUD.		7	1/8/1 88/8/ 1188/ BIAN 88/1 FEB	
Suite, Apt. #, etc.		Suite, Apt.,#,.etc		CHECK HERE IF MAKINI	G CHANGES	
City & State		City & State		4. FEI Number 59-3757007	Applied For Not Applicable	
Zip	Country	33810	Po/K	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	t Registered Agent	Nama	7. Name and Address of New Registered	Agent	
SPAETH, RICHARD:			Name	Name		
252 RIDGE			Street Address	(P.O. Box Number is Not Acceptable)		
LAKELAND FL 33809						
			City	FL	Zip Code	
8. The above named entity submittenthis 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 reposed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00						
After May 1, 2003 Fee will be \$550.00 \$5.00 May  Trust Fund Contribution. Added to Fee						
Make Check Payable to Florida Department of State						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AN	·	
	DPST SPAETH, RICHARD	☐ Delete	TITLE		☐ Change ☐ Addition	
	252 RIDGEDALE DR.		NAME STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP			
TITLE	4	□ Delete	TITLE		Change Addition	
NAME		Duick	NAME		ا ۱۸۵۰٬۰۵۰ ا	
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CITY-ST-ZIP			CITY-ST-ZIP			
	ertify that the information supplied with	h this filling loes not qualify for		Section 119.07(3)(i) Florida Statutes I further ce	rtify that the information	
indicated	on this report or supplemental report	ue and accurate and that n	ny signature shall have the	Section 119.07(3)(i), Florida Statutes. I further ce e same legal effect as if made under oath; that I	am an officer or director	

**SIGNATURE:** 

Daytime Phone #