FILED Apr 03, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P01000112227 1. Entity Name CUSTOM TEMPORARY HOUSING SOLUTIONS, INC. | | | | | | | | Secretary of State 04-03-2003 90168 015 ***150.00 | | | |
|--|----------|--------------------------|-------|---|-------|------------|------------|---|---|---------------------------|-----------------------------|
| 587 MASALO PLACE 587 | | | | Mailing Address 587 MASALO PLACE LAKE MARY FL 32746 | | | | | | | |
| 2. Principal Place of Business Sulte, Apt. #, etc. 3. Mailing Address Sulte, Apt. #, etc. 3. Mailing Address Sulte, Apt. #, etc. | | | | | | | | CHECK HERE IF MAKING CHANGES | | | |
| Lake Mary , FL | | | | City of State Mary, FL | | | | 4. | FEI Number 59-3760528 | - - | oplied For ot Applicable |
| ^{Zio} 327 (| 16 | Country S.A | | 7460 | Coun | A. 2 | _ | | Certificate of Status Desired | \$8.75 Add Fee Require | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. Name and Address of New Registered Agent | | | |
| HARPER, RICHARD JR. | | | | | | | ddress (P. | ۰ آ ۲ ۰۷ . ٥. E | Skuttety Box Number is Not Acceptable) | | |
| 587 MASALO PLACE | | | | | | | | | | 1 | <u>-</u> |
| LAKE MARY FL 32746 771 W. | | | | | | | | Ψ | haring Cross Circ | le . | |
| City aka (| | | | | | | | | | Zip Cod | e |
| 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 or registered agent. | | | | | | | | | gent, or both, in the state or morida. Far | ir idirillidi widi, | and accept |
| De la NAD HAR PUCT | | | | | | | | - | 3ls3 | 702 | |
| SIGNATURE Signature, typed or printed name of registered agent and title (Lapplicable). (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| · · | | | | <i></i> | | | | 1 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | | | | | 1 | 9. Election Campaign Financing | \$5.0 | 0 May Be |
| Make Check Payable to Florida Department of State | | | | | | | | | Trust Fund Contribution. | ☐ Added | to Fees |
| 10. OFFICERS AND DIRECTORS | | | | | | | | A | L DDITIONS/CHANGES TO OFFICERS AF | ND DIRECTOR: | S IN 11 |
| TITLE | PVST | | | Delete | 11. | | PV: | 5- | T | Change | Addition |
| NAME | | RICHARD JR. | | X | NAM | E | Ske | , IV | tety Dabbia. | , , | _ |
| STREET ADDRESS | | ALO PLACE | | | | ET ADDRESS | 1871 | ij. | Charing Cross Circ | امی | |
| CITY-ST-ZIP | LAKE MA | RY FL 32746 | | | CITY | -ST-ZIP | Lak. | <u>ف</u> | Mary, 92 3274 | <u> </u> | |
| TITLE | D . | | | Delete | TITLE | | D. | | In the De block | Change | ☐ Addition \ |
| NAME | HARPER, | RICHARD JR. | | / \ | NAM | ET ADDRESS | 3/0 | | Charles Cic | lo. | |
| STREET ADDRESS CITY-ST-ZIP | | ALO PLACE Ry FL 32746 | | | | -ST-ZIP | 7 11 6 | >~ | tety, Debbie Circ Charing Cross Circ Mary PL 3274 | (A | |
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| NAME | | | | C Delete | NAM | | | | | ☐ Change | |
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| STREET ADDRESS | • | | | | STRE | ET ADDRESS | | 1 | | | |

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 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 10 or Block 11 if changed, or on an attachment

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