


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90153 013 ***150.00

DOCUMENT # P01000117300

1. Entity Name
CUSTOM HOMES OF AMERICA, INC.



Principal Place of Business
**1725 LADY BOWER'S TRAIL
LAKELAND FL 33809**

Mailing Address
**1725 LADY BOWER'S TRAIL
LAKELAND FL 33809**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 91356
Suite, Apt. #, etc.

City & State
Lakeland FL

4. FEI Number **59-3761453** Applied For Not Applicable

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

Zip **33804-1356** Country **U.S.A.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**CLARKE, KERRY
1725 LADY BOWER'S TRAIL
LAKELAND FL 33809**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, KERRY		NAME		
STREET ADDRESS	1725 LADY BOWER'S TRAIL		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 with an address, with all other files empowered.

SIGNATURE: *Kerry Clarke* **CLARKE, KERRY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-29-03** Daytime Phone #: **863-670-2505**

CR2E034 (10/02)