

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 045 ***150.00

DOCUMENT # P01000118692
1. Entity Name PREFERRED CUSTOM HOMES, INC.

460016

DO NOT WRITE IN THIS SPACE

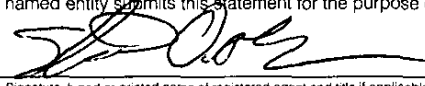
2. Principal Place of Business <u>1777 TAMAMI TRAIL</u>		3. Mailing Address <u>- SAME -</u>	
Suite, Apt. #, etc. <u>411</u>		Suite, Apt. #, etc.	
City & State <u>PORT CHARLOTTE, FL</u>		City & State	
Zip <u>33948</u>	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number <u>01-0562740</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <u>STEVEN B. OSKEY</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>1777 TAMAMI TRAIL SUITE 411</u>	
City <u>PORT CHARLOTTE FL</u>	Zip Code <u>33948</u>

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.

SIGNATURE  DATE 3-4-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P, T STEVEN B. OSKEY 70 MADRE DE DIOS ST. PUNTA GORDA, FL 33983</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP, S CAROL DUNN 17479 O'HARA DRIVE PORT CHARLOTTE, FL 33948</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 11 or on an attachment with an address, with appropriate like empowered.

SIGNATURE:  DATE 3-4-02 941-~~626~~ 626-7019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)