

90073591

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000118692			
1. Entity Name PREFERRED CUSTOM HOMES, INC.			
Principal Place of Business 1777 TAMiami TRAIL 411 PORT CHARLOTTE, FL 33948		Mailing Address 2805 TAMiami TRAIL PUNTA GORDA, FL 33950	
2. Principal Place of Business 3191-B Harbor BLVD		3. Mailing Address 3191-B Harbor BLVD	
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL	
4. FEI Number 01-0562740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent OSKEY, STEVEN B 1777 TAMiami TRAIL, STE 411 PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name: STEVEN B. OSKEY Street Address (P.O. Box Number is Not Acceptable): 3191-B HARBOR BLVD City: PORT CHARLOTTE FL Zip Code: 33952	
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:		DATE: _____	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE: PT. NAME: OSKEY, STEVEN B STREET ADDRESS: 70 MAPLE DE DOIS ST CITY-ST-ZIP: PUNTA GORDA, FL 33993	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPS NAME: DUNN, CAROL STREET ADDRESS: 17479 O'HARA DRIVE CITY-ST-ZIP: PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 like empowered.			
SIGNATURE:		DATE: _____	

CR0004 (10/02)