

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91172 037 \*\*\*150.00

<b>DOCUMENT # P01000120663</b>			
<b>1. Entity Name</b> MICHAEL LORNITIS CUSTOM HOMES, INC.			
<b>Principal Place of Business</b> 803 DATELAND RD. SE PALM BAY FL 32909		<b>Mailing Address</b> 803 DATELAND RD. SE PALM BAY FL 32909	
<b>2. Principal Place of Business</b> 803 DATELAND RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 803 DATELAND RD Suite, Apt. #, etc.	
<b>City &amp; State</b> PALM BAY, FL		<b>City &amp; State</b> PALM BAY, FL	
<b>Zip</b> 32909 <b>Country</b> US		<b>Zip</b> 32909 <b>Country</b> US	
<b>4. FEI Number</b> 26-0008827		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> LORNITIS, MICHAEL PRESIDE 803 DATELAND RD, SE PALM BAY FL 32909		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D President</b> <input type="checkbox"/> Delete NAME <b>LORNITIS, MICHAEL</b> STREET ADDRESS <b>803 DATELAND RD, SE</b> CITY-ST-ZIP <b>PALM BAY FL 32909</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	CR2E034 (10/02)	
TITLE <b>DEBRA LORNITIS Secretary</b> <input type="checkbox"/> Delete NAME <b>DEBRA LORNITIS</b> STREET ADDRESS <b>803 DATELAND RD</b> CITY-ST-ZIP <b>PALM BAY, FL 32909</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE <b>SHAWN W. LORNITIS</b> <input type="checkbox"/> Delete NAME <b>SHAWN W. LORNITIS</b> STREET ADDRESS <b>803 DATELAND RD Treasurer</b> CITY-ST-ZIP <b>PALM BAY, FL 32909</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
<b>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 like empowered.</b>			
<b>SIGNATURE:</b> <u>MICHAEL LORNITIS</u> <b>4/29/03</b> <b>321-984-9266</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			