5/2/2003-90719-026-$150.00-$150.00

FILED
03 SEP 24 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90119225

FEI 02-0563501

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006455

1. Entity Name
BLUE RIDGE MOUNTAIN HOMES, INC.

Principal Place of Business	Mailing Address
10590 JOE'S RD. JACKSONVILLE, FL 32221	10590 JOE'S RD. JACKSONVILLE, FL 32221
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0563501 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, TIMOTHY P P.A. 1016 LASALLE ST. JACKSONVILLE, FL 32207	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 ______
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIDDELL, THOMAS E	NAME	
STREET ADDRESS	7961 NORMANDY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RIDDELL, HEATHER K	NAME	
STREET ADDRESS	7961 NORMANDY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

9/25

CR2E034 (10/02)

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.

SIGNATURE: Heather Riddell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Complete Accounting Solutions
4444 Merrimac Avenue
Jacksonville, FL 32210
E-mail: Davidakins@cpacomplete.com
Website:www.cpacomplete.com
Phone: (904) 388-5700
Fax: (904) 388-7843

August 22, 2003

Florida Department of State
Division of Corporation
P. O. Box 1500
Tallahassee, FL 32302

RE: Blue ridge Mountain Homes, Inc.
Federal Employer Identification Number

To Whom It May Concern:

Pursuant to your letter dated inquiring as to the federal tax identification number of the above listed taxpayer, I am responding. The tax identification number is 02-0563501. Please adjust your records accordingly.

Sincerely,

David L. Akins, CPA