

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

03 SEP 24 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000006455			
1. Entity Name BLUE RIDGE MOUNTAIN HOMES, INC.			
Principal Place of Business 10590 JOE'S RD. JACKSONVILLE, FL 32221		Mailing Address 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
4. Name and Address of Current Registered Agent KELLY, TIMOTHY P P.A. 1016 LASALLE ST. JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
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	TITLE	☐ Change ☐ Addition
NAME	RIDDELL, THOMAS E	NAME	
STREET ADDRESS	7981 NORMANDY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	RIDDELL, HEATHER K	NAME	
STREET ADDRESS	7981 NORMANDY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
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 19.07(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with signature, the empowered.			
SIGNATURE: <u>Heather Kiddell</u>			

90119225

FE 02-0563501

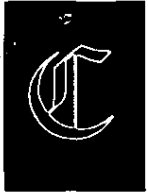


☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0563501 Applied For ☐ Not Applicable

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

CR2004 (10/02)



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