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

DOCUMENT # P02000016300



FILED Mar 17, 2003 8:00 am § Secretary of State

VARCO CUSTOM BUILDERS, INC.							03-17-2003 9	0102 00	9 130	
Principal Place of Business 1828 MARQUEZ LOOP LADY LAKE FL 32159			Mailing Address 1828 MARQUEZ LOOP LADY LAKE FL 32159				1 100 120 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10			88 :11 88 11 1 88 1
Principal Place of Business 1828 Marquez Loop Suite, Apt. #, etc.			3. Mailing Address 1828 Marquez Loop Suite, Apt. #, etc.							
			Suite, Apr. #, etc.				☐ CHECK HERE IF	= Making	CHANGES	i
City & State Lady Lake, FL			City & State Lady Lake, FL				El Number L -1.403794		- H	pplied For ot Applicable
Zip 32159		Country Sumter	Zip 32159	Cour	ntry umter	5. C	ertificate of Status Desired		\$8.75 Ad	
32139	6. Name	and Address of Current f		1 20		7. Na	ame and Address of New Re	gistered /		
		of extended to the second			Name					
VARDIS, DAVID KEITH					Street Addre	ess (P.O. Bo	x Number is Not Acceptable)			
	RQUEZ LOC (E FL 3215)									
	(E E GE O	•			City		···	FL	Zip Cod	de
	named entitions of regist		the purpose of changing it	is register	I red office or regi	istered age	nt, or both, in the State of Flor	ida. I am i	amiliar with,	, and accept
SIGNATURE _	Signature, typed	or printed name of registered agent a	nd title if applicable. (NC	TE: Registere	ed Agent signature req	quired when rein	istating)	DATE		
	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									
After	r May 1, 200	03 Fee will be \$550.00	State		<u>.</u>		Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1/24/03

352-267-4001

Daytime Phone #