

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90032 006 \*\*\*550.00

0121594 AT

**DOCUMENT # P02000017946**

1. Entity Name  
**AMERICAN CUSTOM HOME BUILDERS, INC.**



Principal Place of Business  
**14181 SE 155TH ST.  
WEIRSDALE FL 32195**

Mailing Address  
**14181 SE 155TH ST.  
WEIRSDALE FL 32195**

2. Principal Place of Business  
**16494 SE. 83<sup>RD</sup> AVE**

3. Mailing Address  
**P.O. Box 1157**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Summerfield FL.**

City & State  
**WEIRSDALE, FL.**

4. FEI Number  
**43-1951375**

Applied For  
Not Applicable

Zip  
**34491** Country  
**USA**

Zip  
**32195** Country  
**USA**

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

**REICH, JAMES T  
606 SW 3RD AVE.  
OCALA FL 34474**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
COCKRELL, RICHARD S  
14181 SE 155TH ST.  
WEIRSDALE FL 32195**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V. John RIGGANS  
15160 S.E. 47<sup>TH</sup> AVE  
SUMMERFIELD, FL 34491**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
FINK, JOANN  
5121 SE 38TH ST.  
OCALA FL 34480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: **Richard Cockrell** **Richard Cockrell** **7/7/03** **352 307 4852**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)