

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0678293
FP

DOCUMENT # P02000032508



1. Entity Name
FLORIDA COASTAL HOMES, INC.

FILED

03 FEB 28 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
100 RIALOT PLACE
SUITE 500
MELBOURNE FL 32901

Mailing Address
100 RIALOT PLACE
SUITE 500
MELBOURNE FL 32901

2. Principal Place of Business
100 RIALTO Place, Ste 500

3. Mailing Address
100 RIALTO Place, Ste. 500

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
01-0649692

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name John H. Sottile
Street Address (P.O. Box Number is Not Acceptable)
100 Rialto Place, Suite 500
City Melbourne FL Zip Code 32901

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

100013275911
02/28/03--01064--014 ***150.00
2-25-03

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 NAME STREET ADDRESS CITY-ST-ZIP	D SOTTILE, JOHN H 100 RIALTO PLACE SUITE 500 MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTTILE, JOHN H 100 RIALTO PLACE SUITE 500 MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete <i>DELETE</i> <i>DUPLICATE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZZINI, JOHN P 100 RIALTO PLACE SUITE 500 MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Sottile, John H. 100 Rialto Place, Suite 500 Melbourne, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Severs, Dwight W. 100 Rialto Place, Suite 500 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Braselton, Wm. M. III 100 Rialto Place, Suite 500 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS Wherry, Stephen R. I 100 Rialto Place, Suite 500 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Strange, Patricia A. 100 Rialto Place, Suite 500 Melbourne, FL 32901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* REQUIRED

2/25/03

321-724-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)