

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

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

03-17-2003 90467 018 ***150.00

DOCUMENT # *P02000033374*

1. Entity Name

A-B Homes, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Palm coast, FLA.

3. Mailing Address

P.O. Box 3406

Suite, Apt. #, etc.

45 Brittany Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm coast, FLA

City & State

St. Augustine, FLA

4. FEI Number

02-0565969

Applied For

Not Applicable

Zip

32137

Country

FLA

Zip

32080

Country

St Johns

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAM J ALKHOURY

Street Address (P.O. Box Number is Not Acceptable)

7018 AIA South

City

St. Augustine

FL

Zip Code

32080

**DO NOT WRITE
IN THIS SPACE**

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

Sam J. Alkhoury sec. Tres

3/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *Vice President / sec. Tres*
NAME *SAM J ALKHOURY*
STREET ADDRESS *7018 AIA South*
CITY-ST-ZIP *ST. AUGUSTINE, FLA 32080*

TITLE *President*
NAME *Joaquin Barbosa*
STREET ADDRESS *45 Brittany Ave*
CITY-ST-ZIP *Palm coast, FLA 32137*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SAM J ALKHOURY
Sam J. Alkhoury sec. Tres *3/20/03* *904-471-4950*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)