

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90383 030 \*\*\*150.00

**DOCUMENT # P02000036662**

1. Entity Name  
**D & H PRESTIGIOUS WATERFRONT HOMES, INC.**



Principal Place of Business  
**309 42ND AVE N  
ST PETERSBURG FL 33703**

Mailing Address  
**309 42ND AVE N  
ST PETERSBURG FL 33703**

2. Principal Place of Business  
**3590 BELLE VISTA DR E**  
Suite, Apt. #, etc.

3. Mailing Address  
**3590 BELLE VISTA DR E**  
Suite, Apt. #, etc.

City & State  
**ST PETERSBURG, FL**

City & State  
**ST. PETERSBURG, FL**

Zip Country  
**33706 USA**

Zip Country  
**33706 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARDY, CHRISTOPHER R  
1617 SUNNYBROOK LANE  
CLEARWATER FL 33764**

**7. Name and Address of New Registered Agent**

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

(NOTE: Registered Agent signature required when reinstating)

3/31/03  
DATE

**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**

TITLE NAME **CHRISTOPHER HARDY** ☐ Delete  
**PRESIDENT**  
STREET ADDRESS **1617 SUNNYBROOK LN.**  
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE NAME **NICHOLAS G. DAVIHOFF** ☐ Delete  
**VICER PRESIDENT**  
STREET ADDRESS **3590 BELLE VISTA DR E**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33706**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: CHRISTOPHER HARDY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 (727) 459-1104  
Date Daytime Phone #

CR2E034 (10/02)