FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90896 001 ***450.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55034725

DOCUMENT # P02000036820

1. Entity Name
NEW AUGUSTINE HOMES, INC.

Principal Place of Business
1255 PONCE DR., SUITE C-733
ST. AUGUSTINE, FL 32095

Mailing Address
1255 PONCE DR., SUITE C-733
ST. AUGUSTINE, FL 32095

2. Principal Place of Business: 3505-5 US 1 South
Suite, Apt. #, etc.
City & State: St Augustine, FL
Zip: 32086 Country: USA

3. Mailing Address: 3505-5 US 1 South
Suite, Apt. #, etc.
City & State: St Augustine, FL
Zip: 32086 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0570444 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HALL, CHARLES E JR.
77 ALMERIA ST.
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
Name: Gregory C King
Street Address (P.O. Box Number is Not Acceptable): 11 San Jose DR.
City: Palm Coast FL Zip Code: 32137

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: Gregory C King 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVINO, DON 3505-5 US 1 SOUTH ST. AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davino, Don 3505-5 US1 South St Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, GREGORY C 11 SAN JOSE DR. PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 all address, with all other like empowered.

SIGNATURE: Gregory C King 4/28/03 904 794-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #