


FILED
Jul 28, 2003 8:00 am
Secretary of State

07-07-2003 90145 019 ***150.00

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

DOCUMENT # P020000516090

1. Entity Name
AMERICAN HOMES OF NORTHEAST FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

55052584

2. Principal Place of Business <u>29 Collington Court</u> Suite, Apt. #, etc. <u>Palm Coast</u> City & State <u>Palm Coast, Fla. 32137</u> Zip <u>32137</u>		3. Mailing Address <u>P.O. Box 350122</u> Suite, Apt. #, etc. <u>Palm Coast, Fla. 32135</u> City & State <u>Palm Coast, Fla. 32135</u> Zip <u>32135</u>	
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4. FEI Number <u>020622155</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name <u>John J. Mullen</u> Street Address (P.O. Box Number is Not Acceptable) <u>29 Collington Court</u> City <u>Palm Coast,</u> FL Zip Code <u>32137</u>	

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 John J. Mullen
Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/14/03
DATE

January 1 to 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 NAME STREET ADDRESS CITY-ST-ZIP	President John J. Mullen 29 Collington Court Palm Coast, Fla. 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Elmarie E. Mullen 29 Collington Court Palm Coast, Fla. 32137	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Mullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/03
Date

396-445-3337
Daytime Phone #

CR2E034B (12/02)