FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State
07-02-2003 90009 021 ***550.00

P02000064376

Thibodeau Homes, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
528 Carmalita St.	528 Carmalita St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda Fl.	City & State: Punta Gorda Fl
Zip: 33950 Country: Charlotte	Zip: 33950 Country: Charlotte

DO NOT WRITE IN THIS SPACE

4. FEI Number: ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILFRED R. Thibodeau

Street Address (P.O. Box Number is Not Acceptable): 528 Carmalita St.

City: Punta Gorda Fl Zip Code: 33950

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME WILFRED R. Thibodeau STREET ADDRESS 528 Carmalita St CITY-ST-ZIP Pt. Pt. 33950		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.

W. Thibodeau 6-30-03 941-276-2789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILFRED R. Thibodeau