
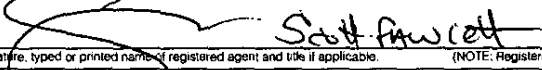
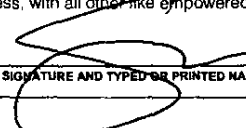


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 102000074275			
1. Entity Name FAWCETT HOMES, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5960 Painted Leaf Ln Suite, Apt. #, etc.		3. Mailing Address 5960 Painted Leaf Ln Suite, Apt. #, etc.	
City & State Naples, FL 34116 Zip Country 34116 US		City & State Naples, FL Zip Country 34116 US	
4. FEI Number 11-3645614		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name Scott Fawcett			
Street Address (P.O. Box Number is Not Acceptable) 5960 Painted Leaf Ln			
City Naples FL Zip Code 34116			
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  Scott Fawcett (owner) DATE 9/30/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP OWNER Scott Fawcett 5960 Painted Leaf Ln Naples, FL 34116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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)(l), 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: 		Date 9/30/03 Daytime Phone # 239-530-3333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

03 OCT 21 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32310
800023332618
10/21/03--01159--006 **158.75

REINSTATEMENT 03

CR2E034B (12/02)

21 10/24



5960 Painted Leaf Lane.
Naples, Florida
34116

October 15, 2003

Division of corporations

Dear Sir or Madam:

I have never received the information or packet on the re-instatement of my corporation. I talked with someone in Tallahassee and the asked me to write a letter explaining that I never received the packet and my fees should be waived. Thank you for your help if you have any questions please call me directly my cell phone 239-530-3333.

Sincerely,

A handwritten signature in black ink, appearing to be 'Scott C. Fawcett', written over a horizontal line.

Scott C. Fawcett
Owner