

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91393 025 \*\*\*150.00

<b>DOCUMENT #</b> P02000077213			
<b>1. Entity Name</b> ESCA ROSA HOMES, INC.			
<b>Principal Place of Business</b> <del>5680 GULF BREEZE PARKWAY BLDG D, STE 110</del> <del>GULF BREEZE FL 32563</del>		<b>Mailing Address</b> 5680 GULF BREEZE PARKWAY BLDG D, STE 110 GULF BREEZE FL 32563	
<b>2. Principal Place of Business</b> 6844 AVENIDA DE CALVER Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 5693 Suite, Apt. #, etc.	
<b>City &amp; State</b> NAVARRE FL.		<b>City &amp; State</b> NAVARRE FL.	
<b>Zip</b> 32566		<b>Country</b> SA USA	
<b>4. FEI Number</b> 51-0416964		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<input type="checkbox"/> <b>CHECK HERE IF MAKING CHANGES</b>	
<b>6. Name and Address of Current Registered Agent</b> SMITH, MARK L 224 E. GARDEN ST., STE 3 PENSACOLA FL 32501		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PRES, SEC., TREAS. <input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>NAME</b> JOHN NOVAK <b>STREET ADDRESS</b> 6844 AVENIDA DE CALVER <b>CITY-ST-ZIP</b> NAVARRE FL. 32566	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>		
<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>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.</b>			
<b>SIGNATURE:</b> _____ <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2034 (10/02)

\* 5/1/03 \* 850 324-7676  
 Date Daytime Phone