


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 026 ***150.00

DOCUMENT # XXXXXXXXXX			
1. Entity Name JOHN M. DE PERSIO, JR. PO2 000083617 AMERICAN HOMES OF PARKLAND, INC.			
Principal Place of Business 6251 NW 44TH STREET CORAL SPRINGS FL 33067		Mailing Address 6251 NW 44TH STREET CORAL SPRINGS FL 33067	
2. Principal Place of Business		3. Mailing Address P.O. Box 223592	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hollywood FL	
Zip	Country	Zip	Country
		33022-3592	USA
6. Name and Address of Current Registered Agent DE PERSIO, JOHN M 6251 NW 44TH STREET CORAL SPRINGS FL 33067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10519 NW 67 COURT Parkland City FL Zip Code 33076	
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. John M. DePersio SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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. <input type="checkbox"/> \$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 DE PERSIO, JOHN M 6251 NW 44TH STREET CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10519 NW 67 COURT Parkland, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John M. DePersio** **3/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone -