

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN 16 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000097350**

1. Entity Name

CoBia Homes, Inc



DO NOT WRITE IN THIS SPACE

100025540861
12/16/03--01081--024 **\$1.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8094 SW YACHTSMANS DR. Suite, Apt. #, etc. STUART, FL City & State		3. Mailing Address 8094 SW YACHTSMANS DR. Suite, Apt. #, etc. STUART, FL City & State	
Zip 34997	Country U.S.	Zip 34997	Country U.S.

4. FEI Number 52-2376912	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 TIM HUNT	
Street Address (P.O. Box Number is Not Acceptable) 8094 SW YACHTSMAN DRIVE	
City STUART	FL Zip Code 34997

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 Signature, typed or printed name of registered agent and title if applicable. 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	(NOTE: Registered Agent signature required when reinstating)	DATE
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	D ROSSKNECHT, Timothy 8094 SW YACHTSMANS DRIVE STUART FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change - Add VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSKNECHT, Teresa 8094 SW YACHTSMANS DRIVE STUART, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100025540861 01/16/04--01069--003 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSSKNECHT, Raymond G. 8094 SW YACHTSMAN DR. STUART, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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	V ROSSKNECHT, Raymond G.
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)(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: TIM HUNT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Timothy G. Rossknecht Date	12/8/03 772-219-8360 Daytime Phone #
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CR2E034B (12/02)