## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 09, 2003 8:00 am Secretary of State

DOCUMENT # P02000111428  1. Enlity Name MANASOTA HOME BUILDERS INC.					05-05-2003 91450 005 ***150.00				
Principal Place of Business 9019 60TH AVE EAST BRADENTON FL 34202		Mailing Address 9019 80TH AVE EAST BRADENTON FL 34202			₫ ₫ Ŋ O S S S S S S S S S S S S S S S S S S				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			FEI Number Applied For				
Zip	Country	Zip	Country		11-365 75 3  5. Certificate of Status Desired		5 Additio	pplicable mal	
	6. Name and Address of Current	Peopletared Agent :: 2			7. Name and Address of New Re	- Fee F	equired		_
	O'- I COLUMN STATE OF CALL STATE	Toglate or regard	Name		7 Name and Address of New No.	Ristelen wähilt			_
ALIOTTA, ROBERT W JR.			Street A	ddress (P.	(P.O. Box Number is Not Acceptable)				
	H AVE EAST								
BRADENII	ON FL 34202					·			
			City		FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	registered	agent, or both, in the State of Florid	da. Tam tamilia	r with, and	accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signet	uf8 required wf	non reinstating)	DATE		-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State		State		-	9. Election Campaign Final Trust Fund Contribution.	ncing	\$5.00   Added to	viay Be Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC				5
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12. Thereby certify that the information supplied with this filling 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 attachman with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Aliotta Il 428-03 9

941-753-7841