FILED

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

Apr 02, 2003 8:00 am Secretary of State DOCUMENT # P02000113855 04-02-2003 90383 020 ***150.00 1. Entity Name YARBOROUGH CUSTOM HOMES, INC. Principal Place of Business Mailing Address 9228 S. STATE RD, 228 9228 S. STATE RD. 228 MACCLENNY FL 32063 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YARBOROUGH, JAMES M Street Address (P.O. Box Number is Not Acceptable) 9228 S. STATE RD. 228 MACCLENNY FL 32063 Zip Code City 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 distered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FLE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition PD NAME YARBOROUGH, JAMES M NAME STREET ADDRESS STREET ADDRESS P.O. BOX 775 CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 TITLE Delete TITLE Change Addition Addition NAME YARBOROUGH, ROGER D NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1201 CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL 32063 TITLE Delete TITLE -- [] Change ✓ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change · 🔲 Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

12. Thereby 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 attachmen

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Date