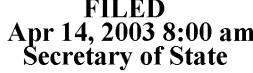
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000116110 **DOCUMENT #**

1. Entity Name ENCORE HOMES OF TAMP	MES OF TAMPA BAY, INC.	
Principal Place of Business	Mailing Address	



	FILEL)	
Apr 14 .	. 2003	8:00	яm
Secret			
	03 90781 012		

1435 MONTE VALRICO FL		1435 MONTE LAKE DI VALRICO FL 33594	1435 MONTE LAKE DR VALRICO FL 33594							
2. Principal P	lace of Business	3. Mailing Address				FAII) ABIBI (1881 1881	(* 8 11 8 1 11 88 1 1	(1841 68 41 1 84 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	е	City & State			4. FEI Number 27 - 144 9 5 7/6 Applied For					
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional				
5. Name and Address of Current Registered Agent										
			N	lame						
CLOUSE,	Robert NTE lake Dr		S	Street Address (P.O. Box Number is Not Acceptable)						
VALRICO				·						
			C	City		FL	Zip Code	e		
the obligat	Signature, typed or printed name of registere	WALROO FL 33594 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 3 7 - 1/4 9 2 76 Applied For Not Applicable Country Zip Country 5. Certificate of Status Desired 38.75 Additional Fee Required Road								
After	May 1, 2003 Fee will be \$55 Payable to Florida Departm	50.00 ent of State			Trust Fund Contribut	ion.	Added	I to Fees		
10.		·	11.	·	ADDITIONS/CHANGES TO OF					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLOUSE, ROBERT 1435 MONTE LAKE DR VALRICO FL 33594	☐ Defete	NAME STREET AD			[_] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CLOUSE, JULIE 1435 MONTE LAKE DR VALRICO FL 33594	☐ Delete	NAME STREET AD	9	A 2] Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET AD	DRESS			⊒-Change—			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	NAME STREET AD	1		С	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	if	☐ Delete	TITLE NAME STREET AD CITY-ST-Z				_ Change	☐ Addition		

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 attachment with an address, with all other like empowered.

SIGNATURE;