

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000116683

1. Entity Name
CREST RIDGE HOMES, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90778 010 ***150.00

Principal Place of Business
1311 S.VINELAND RD.
WINTER GARDEN FL 34787

Mailing Address
1311 S.VINELAND RD.
WINTER GARDEN FL 34787

2. Principal Place of Business

20736 Canoe Crossing Ct

3. Mailing Address

20736 Canoe Crossing Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chermont FL

City & State

Chermont FL

Zip

34711

Country

USA

Zip

34711

Country

Loke

4. FEI Number

43-1982222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBB, PAMELA M ESQ.
1311 S. VINELAND RD.
WINTER GARDEN FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named ~~agent~~ 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.

(NOTE: Registered Agent signature required when reinstating)

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME STRICKLAND, ALBERT E
STREET ADDRESS 1311 S. VINELAND RD.
CITY-ST-ZIP WINTER GARDEN FL 34787

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 507, 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert E Strickland 3-6-03 352-394-4319

CR2E034 (10/02)