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

## Jul 30, 2003 8:00 am **Secretary of State** P02000122922 **DOCUMENT #** 07-30-2003 90071 032 \*\*\*550.00 1. Entity Name D & J-HOMES, INC. Mailing Address Principal Place of Business 3120 BURBANK LANE 3120 BURBANK LANE THE VILLAGES FL 32162 THE VILLAGES FL 32162 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State: 4 -4. FEI-Number 01-075440 Not Applicable Zip Country Zip 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 **BOUDREAU, DEBORAH A** Street Address (P.O. Box Number is Not Acceptable) 3120 BURBANK LANE THE VILLAGES FL 32162 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 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 DEBORAH A BOUDREAU ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME 3120 BURBANK LANG STREET ADDRESS STREET ADDRESS THE VILLAGES, FL 32162 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change **▼** Addition TITLE JAMES P. GUNKLE NAME NAME -17-1-4 ROGALES RD -== STREET ADDRESS STREET ADDRESS THE VILLAGES, FL 32162 CITY-ST-ZIF CITY-ST-ZIP Delete TITLE T/S Change M Addition TITLE JAMES D. BOUDLEAU 31 ZO BURBANK LAWE NAME NAME STREET ADDRESS STREET ADDRESS THE VILLAGES FL 32162 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

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