

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-02-2003 90188 037 ***550.00

DOCUMENT # P02000127984

1. Entity Name
RTD HOMES, INC.



Principal Place of Business
**11 AVE DE LA MER STE 1507
PALM COAST FL 32137**

Mailing Address
**11 AVE DE LA MER STE 1507
PALM COAST FL 32137**

44000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

542089447

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, THOMAS R
11 AVE DE LA MER STE 1507
PALM COAST FL 32137**

Name

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

City

FL

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

**After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, ROLAND S	
STREET ADDRESS	11630 THORNAPPLE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, THOMAS R	
STREET ADDRESS	11 AVE DE LA MER STE 1507	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	TERRY, DENNIS M	
STREET ADDRESS	590 GETTYSBURG TER	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

ROLAND S BAKER President

8/29/03

904-763-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)