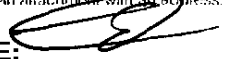


FILED

04 MAR 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000031400				04 MAR 18 PM 1:47	
1. Entity Name R.B. HOME DEVELOPMENT, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 212 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937 US		Mailing Address 212 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937 US			
2. Principal Place of Business Suite Apt # etc		3. Mailing Address c/o 210 N. WYMORE ROAD Suite Apt # etc			
City & State		City & State WINTER PARK, FL		01052001 Chg-P CR2E034 (10/03)	
Zip		Zip 32789		4. FFI Number	
Country		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CATHCART, CHRISTOPHER C 210 N. WYMORE ROAD WINTER PARK, FL 32789		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
7. Name and Address of New Registered Agent		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 _____ DATE _____					
(NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
D HEREFORD, BOB 212 LANSING ISLAND DRIVE INDIAN HARBOR BEACH, FL 32937			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
☐ Delete			☐ Change ☐ Addition		
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☐ Delete			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
☐ Delete			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(b), 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: 		1/ 31 /04 407-306-0570			
BOB HEREFORD, DIRECTOR		Date Daytime Phone #			