

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90080 036 ***150.00

0081426 AV

DOCUMENT # P92000007642

1. Entity Name
O. H. ROBERTS III CUSTOM HOME BUILDERS, INC.



Principal Place of Business
**38929 CR 44 A
UMATILLA FL 32784**

Mailing Address
**P.O. BOX 1012
EUSTIS FL 32727-1012**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3170382**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**ROBERTS, O.H. III
38929 CR 44 A
UMATILLA FL 32784**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD ROBERTS, O. H. III**
STREET ADDRESS **38929 CR 44 A**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VP ROBERTS, CHAD B**
STREET ADDRESS **38929 CR 44 A**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S ROBERTS, RYAN M**
STREET ADDRESS **38929 C.R 44 A**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T ROBERTS, RYAN M**
STREET ADDRESS **3829 CR 44 AVE**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE Change Addition
NAME **T RANEE B. ROBERTS**
STREET ADDRESS **38929 CR. 44 A**
CITY-ST-ZIP **UMATILLA, FL. 32784**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **OSAGROBERTS, III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 352-669-9595
Date Daytime Phone #

CR2E034 (10/02)