2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am & Secretary of State DOCUMENT # P93000005566 1. Entity Name 03-07-2002 90053 012 ***150.00 ESSEX HOMES, CORP. Principal Place of Business Mailing Address 1031 W. MORSE BLVD. 1031 W. MORSE BLVD. SUITE 160 SUITE 160 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3173246 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-Name SWANN, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 1031 W. MORSE BLVD. SUITE 160 **WINTER PARK FL 32789** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE Change ☐ Addition **DVPS** NAME NAME SWANN, CHRISTIAN M STREET ADDRESS STREET ADDRESS 1031 W MORSE BLVD SUITE 160 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition TITLE ☐ Delete TITLE. ۷P NAME NAME SWANN, RICHARD R STREET ADDRESS STREET ADDRESS 1031 W MORSE BLVD SUITE 160 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

NELSTLON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

(9/01)

407-643-8977