

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90122 036 \*\*\*150.00

**JUU10440**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P93000016821	
<b>1. Entity Name</b> RESPECT HOME BUILDERS, INC.	

<b>Principal Place of Business</b> 13643 DEERING BAY DRIVE #PH 165 CORAL GABLES FL 33158	<b>Mailing Address</b> 13643 DEERING BAY DRIVE #PH 165 CORAL GABLES FL 33158
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b> 65-0396829	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
WINDHORST, KENT A 1450 MADRUGA AVENUE SUITE 400 CORAL GABLES FL 33146

<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
P	WEAVER, DAVID R
13643 DEERING BAY DR. #165	CORAL GABLES FL 33130
VPD	WEAVER, DOROTHY C
13643 DEERING BAY DR. #165	CORAL GABLES FL 33130
VPST	WINDHORST, KENT A
1450 MADRUGA AVE, SUITE 400	CORAL GABLES FL 33146

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

**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.**

<b>SIGNATURE:</b>	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b>	<b>Daytime Phone #</b>
	KENT A. WINDHORST	1/27/03	305-666-3639

CR2E034 (10/02)