

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 93000058001

1. Entity Name
DEJA HOMES, INC.

FILED

01 DEC 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
745 C Shamrock Blvd PO Box 7069
Venice, FL 34293 North Port, FL 34287

2. Principal Place of Business 3. Mailing Address
745 C Shamrock Blvd PO Box 7069
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Venice, FL **North Port, FL**
Zip Country Zip Country
34293 USA 34287-0069 USA

4. FEI Number Applied For
65-0432684 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Roberts, Gregory C.
Klingel, & Roberts, PA
341 Venice Ave West
Venice, FL 34285

7. Name and Address of New Registered Agent
Name **Mouhot, Emile J.**
Street Address (P.O. Box Number is Not Acceptable)
1396 Bayshore Drive
City **Englewood** FL Zip Code **34223**

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] DATE 12/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Mouhot, EJ 1730 Hudson Street Englewood, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mouhot, EJ 1730 Hudson Street Englewood, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mouhot, Deborah L. 1730 Hudson Street Englewood, FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Mouhot, EJ 1395 Bayshore Dr Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mouhot, EJ 1395 Bayshore Drive Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mouhot, Deborah L. 1395 Bayshore Drive Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] <input type="checkbox"/> Change <input type="checkbox"/> Addition

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****758.75 ****758.75

REINSTATEMENT 01

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 11/20/01 941 492-4494

CR2E034 (5/01)