## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 06, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 1. Entity Name P9300008555&							05-06-2002 90175 048 ***150.00		
HOMES BY TAPIO INC.									
DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business  8563 White Egret Way 8563 White E Suite, Apt. #, etc.  3. Mailing Address Suite, Apt. #, etc.					gret W	Тах	DO NOT WRITE IN THIS SPACE		
City & State Lake Worth, Fl.			City & State 8563 White Egret Way				· I	plied For t Applicable	
<sup>Zip</sup> 3346	33467 Country U.S.A.		<sup>Zip</sup> 33467	Cour		5	5. Certificate of Status Desired \$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE					Name		Name and Address of Current Registered Agent		
					-Street Addr		W. Tapio  D. Box Number is Not Acceptable)		
						856	3 White Egret Way		
IN THIS STAGE									
					City	Lak	e Worth, FL 3346	57	
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, typyfylor printed name of registeryd agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Tax filing requirement and elects to do so.  After May 1.  Amended					1 Fee is \$150.00 iee is \$550.00 10. Election Campaign Financing \$5.00 May B BR is \$61.25 Trust Fund Contribution. Added to Fees Department of State				
11.		OFFICERS AND D	IRECTORS						
TITLE NAME	-				E			200	
STREET ADDRESS   8563 White Eare			t Wav		ET ADDRESS			CR2E034B (12/01)	
Lake Worth, F1 3			3467 CITY-ST-ZIP						
TITLE NAME	STD Tapi		TITL				[8		
STREET ADDRESS	0000 Milloc Egret May				STREET ADDRESS				
CITY-ST-ZIP	Lake Worth, F1. 33467				-ST-ZIP .		<del> </del>		
TITLE NAME					E		-		
STREET ADDRESS	ETADDRESS 9508 NE 156 St.			STR	STREET ADDRESS DO NOT WRITE				
CITY-ST-ZIP	ST-ZIP Battle Ground, Wa 98604				-ST-ZIP	<u>,</u>			
TITLE NAME	VP   Tapio, Michael					IN THIS SPACE			
STREET ADDRESS				NAM STRI	ET ADDRESS				
CITY+ST-ZIP					- ST- ZIP				
TITLE					E				
NAME STREET ADDRESS					NAME STREET ADDRESS				
cry-st-zep BattleeGround, Wa. 98604					-ST-ZIP			1	
IIILE VP					E		***************************************		
NAME	722 7-1-1 01			NAME				ĺ	
STREET ADDRESS CITY-ST-ZIP	1 - 3 - 3 - 4 - 6 - 6 - 6			1	ET ADDRESS -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 on an attachment with an address, with of other like empowered.									