Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-10-2003-90135 027 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015258

1. Entity Name

CARROLL CUSTOM HOMES OF FLORIDA INC

DO NOT WRITE IN THIS SPACE

90045474

2. Principal Place of Business	3. Mailing Address
6277 PENNA ST	6277 PENNA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL FL	City & State: SPRING HILL FL
Zip: 34609 Country:	Zip: 34609 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3226804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARROLL, THOMAS E.

Street Address (P.O. Box Number is Not Acceptable):

6277 PENNA ST

City: SPRING HILL **FL** Zip Code: 34609

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 _____ DATE

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST CARROLL, THOMAS E. 6277 PENNA ST, SPRING HILL FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOWARD, HENRY M III 10349 RAINBOW OAKS DR, SPRING HILL FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROSNAN, DENISE M. 6277 PENNA ST, SPRING HILL FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3/13/03
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Carroll Pres. Thomas Carroll 3/5/03 (352)597-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #