

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038707

1. Entity Name

DISTINGUISHED HOMES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90002 042 ***150.00

Principal Place of Business

Mailing Address

11924 W FOREST HILL BLVD
 22248
 WELLINGTON FL 33414
 US

11924 WEST FOREST HILL BLVD
 22248
 WELLINGTON FL 33414-6256
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11924 W. Forest Hill Blvd

11924 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 339, Suite 22

PMB 339, Suite 22

City & State

City & State

Wellington FL

Wellington FL

4. FEI Number

65-0505889

Applied For

Not Applicable

Zip

Country

Zip

Country

33414

Palm Beach

33414

Palm Beach

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JENNY E
 11924 W FOREST HILL BLVD
 STE 22248
 WELLINGTON FL 33414

Name

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

11924 W. Forest Hill Blvd.

PMB 339, Suite 22

City

Wellington

FL

Zip Code

33414

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 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	JOHNSON, JENNY E	11924 W FOREST HILL BLVD, STE 22248	WELLINGTON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		11924 W. Forest Hill Blvd.	PMB 339, Suite 22 Wellington, FL 33414	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jenny E Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000
 Date

(561) 379-7626
 Daytime Phone #