FOR 2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-21-2002 91115 011 ***300.00 FP94000042077

1. Entity Name				U2 JUN 19 PM 2: 52	
STEPHEN POOLE HOMES, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
-1915 - 1811s - 1 No.	· · · · · · · · · · · · · · · · · · ·		\	JALI	LAHASSEE, FLORIDA
		公司工具工程		ार्च इ.स.	•
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18 E. A.	4 10	<u> </u>		- 1 02	•
2. Principal Place of Business 3. Mailing Address 4160 SHEPHERD RD SAME					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State					
MULBER	RRY, FL.	City & State		4. FEI Number	Applied For
Zip	Country	Zip	Country	59-3257125	Not Applicable
33860	JUSA			5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current R	
	DO NOTA	(DITE	Name STEPHEI	N POOLE	
polytical marketing	DO NOT W		Street Address	s (P.O. Box Number is Not Acceptable HEPHERD RD)
	IN THIS SI	PACE	7100 Si	IEFHERD RD	
			City		
25.	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Land College College	MULBERE	RY	FL 33860
o. The abov	e named entity submits this statem	ent for the purpose of char	nging its registered office or	registered agent, or both, in the State	of Florida.
SIGNATURE		•			
	Signature, typed or printed name of reg	istered agent and title if applic	able. (NOTE: Registered A	gent signature required when reinstating)	DATE
9. This corp	oration is eligible to satisfy its Intan	gible January	1 - May 1 Fee is \$150.00	100. 1	
Tax filing	requirement and elects to do so.	Artera	fay 1, Fee is \$550.00 nded UBR is \$61.25	10. Election Campaign Fina	
	ria on back)	Make Check Pa	yable to Department of St	Trust Fund Contribution.	Added to Fees
TITLE	OFFICERS AND PRES / TREASURE		The state of the s	The second of the second of	
NAME	STEPHEN POOLE	ĸ	MAME		
STREET ADDRESS	4160 SHEPHERD	RD .	STREET ADDRESS		
CITY - ST - ZIP	MULBERRY, FL.	<u>33860</u> ,	CSTY ST ZIP		
TITLE	VP/ SECRETARY	· ·	TITLE?		
NAME STREET ADDRESS	MELODY POOLE 4160 SHEPHERD I		NAME		
CITY - ST - ZIP	MULBERRY, FL.	33860	STREET ADDRESS		
TITLE			πιε		
NAME CORET ADDRESS		•	NAME		
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NAME STREET ADDRESS			NAME - IA parent		
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3. Thereby cer	tify that the information supplied wit	In this filling does not asset	Vior the exemption stated in	Section 119.07(3Xi): Florida Statutes	
information an officer or	indicated on this report or supplem	ental report is true and and	curate and that my signature	Section 119.07(3)(i): Florida Statutes shall have the same legal effect as if	I further certify that the made under path: that I am
appears in (Block 11 or on an attachment with a	address with all other like	red to execute this report as re re empowered,	shall have the same legal effect as if required by Chapter 607, Florida Stati	ites; and that my name
SIGNATU	1 \ / 1	1 1000e	_	4/21/20	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	7/30/02 Date	863-6195479
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