UN	IFORM BUS	INESS RE	PORT (	UBR)	Paville	m energy	S D		
DOCUMENT # P9400053864  1. Entity Name CREATIVE CHOICE HOMES XII, INC.						O3 APR 22 AM IO: 58 SEGRETARY OF STATE TALLAHASSEE REORIDA			
C/O CREATIV 4243-D NORTI	ce of Business E CHOICE HOMES HLAKE BLYD. GARDENS FL 33410	C/O CREATIVE 4243-D NORTH	Mailing Address C/O CREATIVE CHOICE HOMES 4243-D NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410						
2. Principal P	Place of Business	3. Mailing Add	3. Mailing Address			LLB 1864 91011 BBHI 68111 881	}}	ABIA BHON 14481	
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	ie	City & State	City & State			65-0793040	<del>                                      </del>	plied For at Applicable	
Zip	Country	Zip			5. Certificate o	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of C	urrent Registered Agent	<u> </u>		7. Name and A	Address of New Regis	stered Agent		
BAROT, DILIP				<u></u>	Name Street Address (P.O. Box Number is Not Acceptable)				
4243 NORTHLAKE BLVD. SUITE D				Sileet Addie			· <del>-</del>		
PALM BEACH GARDENS FL 33410				City FL Zip Code					
	e named entity submits this state tions of registered agent. Signature, typed or printed name of registe		<del></del>		stered agent, or both	, in the State of Florida.	I am familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Elec	tion Campaign Financi t Fund Contribution.	· _ ••·•	O May Be to Fees	
10.	OFFICE	RS AND DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFFICER	RS AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDMP BAROT, DILIP 4243 NORTHLAKE BLVD., PALM BEACH GARDENS F	SUITE D	1	l l	<b>80</b> 04/24/	<b>001696</b> 03010560	□ Change □ <b>978</b> 07 **158.7	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WEIR, JOHN F 4243 NORTHLAKE BLVD., PALM BEACH GARDENS F	SUITE D	<b>B</b> -	1	SW /		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEAT, TIMOTHY P 4243 NORTHLAKE BLVD., PALM BEACH GARDENS F	SUITE D		<i>  \</i>			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S  KAKKAR, YASHPAL  4243 NORTHLAKE BLVD.,  PALM BEACH GARDENS F	SUITE D			·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1			Change	Addition	
TITLE NAME STREET ADDRESS				1			☐ Change	Addition	

SIGNATURE:

Yash: Pal Kakkar, Secretary: Officer of Director

12. I hereby certify that the information supplied with this filing does not qualify 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. MUG/30/03

(561) 627-7988

Date

Daytime Phone #