
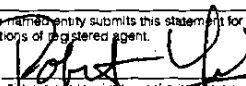
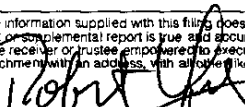


FILED  
Apr 10, 2003 8:00 am  
Secretary of State

04-10-2003 90154 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P94000072039</b>		
1. Entity Name <b>MASTERPIECE HOMES, INC.</b>		
Principal Place of Business 1495 S VOLUSIA AVE STE 202 ORANGE CITY, FL 32774		Mailing Address PO BOX 740917 ORANGE CITY, FL 32774
2. Principal Place of Business <b>300 TREEMONTE DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 740618</b> Suite, Apt. #, etc.
City & State <b>ORANGE CITY, FL</b> Zip <b>32763</b> Country <b>VOLUSIA</b>		City & State <b>ORANGE CITY, FL</b> Zip <b>32774</b> Country <b>VOLUSIA</b>
4. FEI Number <b>59-3271971</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>FITZSIMMONS, ROBERT J</b> <b>1597 MASTERPIECE WAY</b> <b>DELAND, FL 32721</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 <b>4/4/03</b> (NOTE: Registered Agent's signature required when necessary)		
9. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>FITZSIMMONS, ROBERT</b> STREET ADDRESS <b>PO BOX 212</b> CITY-ST-ZIP <b>DELAND, FL 32721</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 Block 11 if changed, or on an attachment with an address, with authority empowered. SIGNATURE:  DATE <b>4/4/03</b> (386) 775-4137 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)