

SENT BY: ;

352 596 2656;

APR

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91336 006 ***150.00

DOCUMENT # **P950000 31324**

1. Entity Name

SHILOH HOMES, INC.

Principal Place of Business

**9126 Erma Rd
Brooksville, Fl.
34613**

Mailing Address

**9126 Erma Rd
Brooksville Fl.
34613**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

00054045

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FFI Number

59-3312859

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**CONCKLIN, EUGENE L.
9126 Erma Rd
Brooksville, Fl. 34613**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent or director (if applicable)

(NOTE: Registered Agent Signature required when re-issuing)

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****When May 15, 2001 Fee with 100% Deposit
Must Be Paid to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
D/P/S/T	CONCKLIN, EUGENE L.	9126 Erma Rd	Brooksville Fl.	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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: **Eugene L. Concklin**

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene L. Concklin**(352) 596-1907**

Date

Daytime Phone #

CR2ED04 (11-00)