## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

P95000034333

DOCUMENT # 1. Entity Name

INITANID HOMEDUILDING COOLID INC

**FILED** Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90188 048 \*\*\*150.00

| INLAND HOMEBUILDING GROUP, INC.  |   |   |                       |            |                     |  |  |   |  |                                  |                 |  |
|--|---|---|-----------------------|------------|---------------------|--|--|---|--|----------------------------------|-----------------|--|
| Principal Place<br>8401 JR MAN<br>SUITE 100<br>TAMPA FL 33   |   | Mailing Address<br>8401 JR MANOR DRIVE<br>SUITE 100<br>TAMPA FL 33634 |                       |            |                     |  |  |   |  |                                  |                 |  |
| 2. Principal F   | Place of Business                                       | 3. Mailin   | g Address             |            | <del></del> .       |  |  | <b>18</b> 11 <b>  1</b> 811 <b>  1816  </b> |  | UII <b>31</b> 1611 1 <b>41</b> 1 |                 |  |
| 6522   | Gunn Huy  | 6522 Gunn Huy   |                       |            |                     |  |  |   | •  |                                  |                 |  |
| Suite, Apt. #, etc.  |   |   | Apt. #, etc.          | ···-       |                     |  | CHECK HERE IF MAKING CHANGES                   |   |  |                                  |                 |  |
|  |   |   |                       |            |                     | _  | A CHECK HEN                                    | E IF MAKING                                 |  |                                  |                 |  |
| City & Stat  |   | City & State  |                       |            |                     |  | 4. FEI Number 59-331267                        | 1   | <u> </u>                                     | oplied For                       | ┨.              |  |
| Tamp   |   |   | Jampa, FL             |            |                     |  | .~.,   |   |  | ot Applicable                    | -               |  |
| Zip Country  |   | Zip   | <u>-</u>              |            |                     |  |  |   |  | 8.75 Additional                  |                 |  |
| 53425 USA<br>6. Name and Address of Current i  |   | 334.2.5 U   |                       |            | <u> </u>            |  | 7. Name and Address of New Registered Agent    |   |  |                                  |                 |  |
|  | o. Name and Address of Current P                        | registereu  | Agent                 |            | Name                |  | 7. Hallie and Address of Hen                   | negistered A                                | gent   |                                  | 1               |  |
| LYNCH, P.  | AI II   |   |                       |            |                     |  |  |   |  |                                  |                 |  |
| -  | R, LOOP, AND KENDRICK                                   |   |                       |            | Street A            | Street Address (P.O. Box Number is Not Acceptable) |  |   |  |                                  |                 |  |
|  |   |   |                       |            |                     |  | <del></del>                                    |   |  |                                  | -               |  |
|  | MANOR DR STE 100  |   |                       |            |                     |  |  |   |  |                                  | _               |  |
| tampa fl   | . 33602   |   |                       |            | City                |  |  | FL  | Zip Cod                                      | e                                | 1               |  |
|  | named entity submits this statement for                 | the purpos  | e of changing its r   | egistere   | d office o          | r registered                                       | agent, or both, in the State of F              |   | miliar with,                                 | and accept                       | 1               |  |
| the obligat  | lions of registered agent.                              |   |                       |            |                     |  |  |   |  |                                  |                 |  |
| SIGNATURE .  | <u> </u>  |   |                       |            |                     |  |  |   |  |                                  |                 |  |
|  | Signature, typed or printed name of registered agent ar | nd title if applica   | ble. (NOTE:           | Registered | Agent signat        | ure required wh                                    | nen reinstating)                               | DATE  |  |                                  |                 |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta |   |   |                       |            |                     |  | 9. Election Campaign F<br>Trust Fund Contribut | • –   |  | 0 May Be                         |                 |  |
| 10.  | OFFICERS AND D  | DIRECTORS   | <u> </u>              | 11.        |                     | <del></del>  | ADDITIONS/CHANGES TO OF                        | FICERS AND                                  | DIRECTOR                                     | S IN 11                          | 1               |  |
| TITLE  | D   |   | ☐ Delete              | TITLE      |                     | Þ  | 110011010101010101010                          | 1.0211071112                                | Change                                       | Addition                         | †ଛ              |  |
| NAME~ - ~  | SUAREZ, JACK D  | garant 2 A  | टाक - क ा-क           | NAME       | · • = = =           | Suare  | TO BACK Do                                     | مانتها بعد ت                                | en men en e |                                  | [.∑             |  |
| STREET ADDRESS   | 8401 JR MANOR DRIVE, SUITE 10                           | 0   |                       | STREE      | T ADDRESS           | 6622   | Gunn Hwy                                       |   |  |                                  | <u> </u>        |  |
| CITY-ST-ZIP  | TAMPA FL 33634  |   |                       | CITY-      | ST-ZIP              | Tam.   | pa , FL 33625                                  |   |  |                                  |                 |  |
| TITLE  | P   |   | ☐ Delete              | TITLE      |                     | 6  | · · · · · · · · · · · · · · · · · · ·          |   | Change                                       | Addition                         | CR2E034 (10/02) |  |
| NAME   | CLARK, JAEMS R  |   |                       | NAME       |                     | Chark  | , James R                                      |   | •  |                                  | 10              |  |
| STREET ADDRESS   | 8401 JR MANOR DRIVE, SUITE 10                           | Ю   |                       | STREE      | T ADDRESS           | 6522   | Gunn Hwy                                       |   |  |                                  |                 |  |
| CITY-ST-ZIP  | TAMPA FL 33634  |   |                       | CITY-      | ST-ZIP              | Tam  | PA, FL 38625                                   |   |  |                                  | }               |  |
| TITLE  | T   |   | Delete                | TITLE      |                     | 7  | •  |   | Change                                       | ☐ Addition                       | -               |  |
| NAME   | ROGLER, ANDREW L  |   |                       | NAME       |                     | Roger  | boun Hay                                       |   |  |                                  |                 |  |
| STREET ADDRESS   | 8401 JR MANOR DRIVE, SUITE 10                           | 0   |                       |            | T ADDRESS           | 4522   | GONN HOSY                                      |   |  |                                  | · .             |  |
| CITY-ST-ZIP  | TAMPA FL 33634  |   | <del></del>           | CITY-      | ST-ZIP              | Tam  | PayFL 33625                                    |   |  |                                  | ļ ·             |  |
| TITLE  | S   |   | Delete                | TITLE      |                     | ]  |  |   | ☐ Change                                     | Addition                         |                 |  |
| NAME   | LYNCH, PAUL R   | •   |                       | NAME       |                     |  |  |   |  |                                  | 1               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 8401 JR MANOR DRIVE, SUITE 10                           | U   |                       |            | T ADDRESS<br>ST-ZIP | }  |  | ,   |  |                                  |                 |  |
|  | TAMPA FL 33634  |   |                       |            | 31-ZIF              | ve   |  |   |  | r                                | -               |  |
| TITLE  |   |   | ☐ Delete              | TITLE      |                     |  | ممالي المالمة                                  |   | Change                                       | Addition Addition                | 1               |  |
| STREET ADDRESS   |   |   |                       | NAME       | T ADDRESS           | CONNI  | usum, beller,                                  |   |  |                                  | Į               |  |
| CITY-ST-ZIP  |   |   |                       |            | I ADDRESS<br>ST-ZIP | 66.55  | ngham, Delton<br>Lown Hung<br>a, Pe 33025      |   |  |                                  | ĺ               |  |
|  |   | -   |                       |            |                     | , and  | aver spors                                     |   | Char-t                                       | T Addist-                        | 1               |  |
| TITLE<br>NAME  |   |   | — [≟]: Dēletē ————=   | HAME       |                     |  |  | <del></del>                                 | ☐ Change                                     | Addition                         | عنت ا           |  |
| STREET ADDRESS   |   |   |                       |            | T ADDRESS           |  |  |   |  |                                  |                 |  |
| CITY-ST-ZIP  |   |   |                       |            | ST-ZIP              |  |  |   |  |                                  |                 |  |
|  | vertify that the information supplied with t            | hic filing do   | see not qualify for t |            |                     | L  | on 110 07/3\/ii\ Elorida Statutos              | L further corti                             | futbat the i                                 | oformation                       | ł               |  |

nereby certify that the information supplied with this filling does not quality 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 truetge 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 attrotted like empowered.

SIGNATURE:

<u> 2 /15/03</u>

813 884 2433