2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90009 021 ***150.00

DOCUMENT # P95000034523

1. Entity Name

CLASSIC HOMES BY LORI, INC.

Principal Place of Business	Mailing Address
228 MCLEAN POINT V. WINTER HAVEN FL 33884 US	228 MCLEAN POINTE V. WINTER HAVEN FL 33884-4135 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
228 McLean Pointe West	228 McLean Pointe West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, Fl	City & State: Winter Haven, Fl
Zip: 33884 / Country: U.S.	Zip: 33884 / Country: U.S.

4. FEI Number 59-3310798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATERS, LORI R 137 N LAKE FLORENCE DR SUITE A-2 WINTER HAVEN FL 33884	Name: Lori R. Waters Street Address (P.O. Box Number is Not Acceptable): 228 McLean Pointe West City: Winter Haven FL Zip Code: 33884

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], Pres. DATE: 1-6-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATERS, LORI 228 MCLEAN POINT WEST WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATERS, WILBUR G 528 MCLEAN POINTE WEST WINTER HAVEN FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	228 McLean Pointe West	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], President Lori Waters 1-6-00 863-324-6853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #