FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 11, 2002 8:00 am Secretary of State P95000060619 DOCUMENT # 1. Entity Name 07-11-2002 90240 048 ***150 00 CSJ HOMES, INC. Principal Place of Business Mailing Address 8628 BEAVER LANE P.O. BOX 5119 HUDSON FL 34674 PORT RICHEY FL 34688 2. Principal Place of Business 3. Mailing Address St, R8. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3342864 Not Applicable tuosou Zip Country \$8:75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nuscat, TR NUGENT, JOHN L JR Street Address 8215 SR 52 **HUDSON FL 34667** Soile City HUDSON 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. (NOTE: Registered from signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition TITLE DP ☐ Delete TITLE 4 Change Nugent , John L. JR. NUGENT, JOHN L JR. NAME NAME 8811 St. Rd. 52 suite 18 STREET ADDRESS STREET ADDRESS 7318 SR 52 CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** HUDSON, F1. 34667 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITI F

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

fc M/30/30/

Daytime Phone #

☐ Change

☐ Addition

CR2F034 (4/0)

Attachment # 19500000019 CSJ Homes Out of the control of the con

PO BOX 5119 HUDSON, FLORIDA 34674

July 2, 2002

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, Fl. 32302 850-488-9000

RE: Uniform Business Report

This letter is to serve as a request to waive the late fees. We previously sent our report and never heard back about it. If you have any questions please call, 727-868-3344.

Thank you,

John L. Nugent, Jr.

President