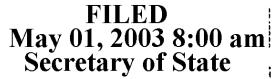
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P95000060619 DOCUMENT # 1. Entity Name



05-01-2003 90155 021 \*\*\*150.00

CSJ HOM	E5, INC.							
Principal Place of Business 8811 ST RD 52 P.O. BOX 5119 SUITE 18 HUDSON FL 34674 US								
2. Principal P	ace of Business	3. Mailing Addre	SS		1 10011001 110 10101 01111 00111	<b>PB</b> (11 <b>48</b> 161 <b>88</b> 164 <b>8</b> 1711 1	BI(E 11:01  :	1818 1811 1881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3342864 Applied For Not Applicable			
Zip	Zip Country		Zip Country		5. Certificate of Status Desired		.75 Add Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of Nev	v Registered Age	nt	
-				Name:				
	JOHN L JR		Street Address		(P.O. Box Number is Not Acceptable)			
8811 ST F	ND 52			2231, 1201003 (				
SUITE 18								
HUDSON	FL: 34667			City		FL	Zip Code	3
	named entity submits this statement for ions of registered agent.	or the purpose of cha	inging its registere	ed office or register	red agent, or both, in the State of	Florida. I am fam	liar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	d Agent signature required	d when reinstating)	DATE		
Afte	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State			9. Election Campaign Trust Fund Contribu			May Be to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO C	FFICERS AND DI	RECTORS	S IN 11
TITLE NAME STREET ADDRESS	DP NUGENT, JOHN L JR. 8811 ST RD 52 SUITE 18 HUDSON FL 34667	□ De	elete TITLE NAMI STRE	t t			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAMI STRE	!		, [	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAMI STRE	E ET ADDRESS -ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAM! STRE	i			) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ De	NAMI STRE	)	- 4.0		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· De	elete Title Name Stre	:	· · · · · · · · · · · · · · · · · · ·		Change	Addition

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 all other like empowered.

**SIGNATURE:**