

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90086 046 ***150.00

DOCUMENT # P95000093848

1. Entity Name

BRENTWOOD CUSTOM HOMES, INC.

Principal Place of Business

Mailing Address

**402 S NORTHLAKE BLVD
 SUITE 1020
 ALTAMONTE SPRINGS FL 32701
 US**

**402 S. NORTHLAKE BLVD.
 SUITE 1020
 ALTAMONTE SPRINGS FL 32701-5243
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3346173

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

7. Name and Address of New Registered Agent

**ESTES, THEODORE D
 28 W CENTRAL BLVD, SUITE 260
 SUITE 500
 ORLANDO FL 32801**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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
 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	PD	<input type="checkbox"/> Delete
NAME	PIZZICA, FRANK J JR	
STREET ADDRESS	3473 OAK KNOLL POINT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PIZZICA, LINDA G	
STREET ADDRESS	3473 OAK KNOLL POINT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	Cynthia Summerall	<input type="checkbox"/> Delete
NAME	Secretary	
STREET ADDRESS	3473 Oak Knoll Point	
CITY-ST-ZIP	LAKE MARY Florida 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

President 1/12/00
 407-332-8900

CR2E034 (9/99)