FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Feb 21, 2003 8:00 am Secretary of State P95000096176 DOCUMENT # 1. Entity Name 02-21-2003 90140 008 ***150.00 SOUTHEAST LAND & HOMES, INC. Principal Place of Business Mailing Address 1010 RAINTREE LANE P O BOX 243395 WEST PALM BEACH FL 33410 BOYNTON BEACH FL 33424-3395 U3- 2. Principal Place of Business 3. Mailing Address <u>14187 Paradise</u> Point Rd Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3350014 Palm Beach Gardens. Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired <u> 33410</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORETTO, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 4915 PALO VERDE DR 14187 Paradise Point Rd. **BOYNTON BEACH FL 33436** Palm Beach Gardens, FL 33410 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change TITLE ☐ Addition moretto, Jeffrey A NAME NAME 1010 RAINTREE LANE STREET ADDRESS STREET ADDRESS 14187 Paradise Point Rd. CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Palm Beach Gardens, FL 33410 TITLE Delete TITLE ☐ Addition ☐ Change NAME moretto, stephen b NAME STREET ADDRESS BO SWALLOW DR STREET ADDRESS CITY-ST-7IP Lantana FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 upport 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 the 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 preddress, with all other like error ered.

CITY-ST-ZIP

SIGNATURE: >

CITY-ST-ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Morett

<u>561-627-9254</u>

Date