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

DOCUMENT # P96000000475

1. Entity Name



03-17-2003 90722 019 ***150.00 RESULTS HOMEBUYERS OF MELBOURNE, INC. Principal Place of Business Mailing Address 8940 S. TROPICAL TRAIL P.O. BOX 360983 MERRITT ISLAND FL 32952 MELBOURNE FL 32936-0983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3353224 Not Applicable Zip -Country Zip------Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUZA, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 8940 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 City 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. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME SOUZA, JOSEPH A NAME STREET ADDRESS 8940 S. TROPICAL TRAIL STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City=St=7iP ☐ Delete TITLE 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 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

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:

Date

Daytime Phone #

Mar 17, 2003 8:00 am Secretary of State,

FILED