

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000013802

FILED
Sep 10, 2002
Secretary of State

Entity Name: PROVIDENT HOMES, INC.

Current Principal Place of Business:

1001 N U.S. HWY 1, SUITE 407
JUPITER, FL 33477

New Principal Place of Business:

4501 TAMIAMI TRAIL NORTH
SUITE #224
NAPLES, FL 34103 US

Current Mailing Address:

1001 N U.S. HWY 1, SUITE 407
JUPITER, FL 33477

New Mailing Address:

4501 TAMIAMI TRAIL NORTH
SUITE #224
NAPLES, FL 34103 US

FEI Number: 65-0664930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIG, PAUL A
1001 N U.S. HWY 1, SUITE 407
JUPITER, FL 33477

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOENIG, PAUL A
Address: 1575 SW ST ANDREWS DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KOENIG, PAUL A
Address: 1575 SW ST ANDREWS DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: C/D () Change (X) Addition
Name: MASAITIS, EDWARD A JR.
Address: P.O. BOX 3433 N/A
City-St-Zip: TEQUESTA, FL 33469 US

Title: V () Change (X) Addition
Name: COMBS, CRAIG
Address: 4501 TAMIAMI TRAIL NORTH, #224
City-St-Zip: NAPLES, FL 34103 US

Title: V () Change (X) Addition
Name: MASTRANDREA, KEN
Address: 4501 TAMIAMI TRAIL NORTH, #224
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL KOENIG

P

09/10/2002

Electronic Signature of Signing Officer or Director

Date