## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am § Secretary of State DOCUMENT # P96000030847 1. Entity Name 03-11-2002 90023 002 \*\*\*150.00 AKERS CUSTOM HOMES, INC. Principal Place of Business Mailing Address % 7758 WALLACE ROAD. SUITE 1 % 7758 WALLACE ROAD, SUITE 1 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3383627 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 Name KOLTUN, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND FL 32751 City Zip Code FL 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Change ☐ Addition TITLE ☐ Delete TITLE PSTD NAME NAME AKERS, JAMES D STREET ADDRESS STREET ADDRESS 7758 WALLACE ROAD, SUITE 1 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **VPD** NAME NAME BRINKER, HUNTER III STREET ADDRESS STREET ADDRESS 7758 WALLACE RD SUITE 1 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 . TITLE ~ -- Delete ~--- \_ \_ Change ☐ Addition NAME AKERS, KRISTIE L STREET ADDRESS STREET ADDRESS 7758 WALLACE RD SUITE 1 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 received 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

SIGNATURE:

changed, or on an atta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**