

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041939

1. Entity Name

AMERICAN DREAM HOME BUILDERS INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90057 040 ***158.75

830911



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

145 N.W. CENTRAL PARK PLAZA
SUITE 112
PORT ST LUCIE FL 34986

NINE VICTORY DRIVE
POST OFFICE BOX 399
LIBERTY MO 64068-1973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3-B

City & State

City & State

4. FEI Number

65-0666924

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

DESISTO, NANCY S
3251 BUEN VISTA, S.W.
PALM CITY FL 34990

Name

Mark Banta

Street Address (P.O. Box Number is Not Acceptable)

1880 Port St. Lucie Boulevard

City

Port St. Lucie

FL

Zip Code

34952

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

Mark Banta

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is
Tax filing required
(See instructions)

Intangible
do so.

☐

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

OFFICERS AND DIRECTORS

☐ Delete

mark, please sign
FLESHMAN, ROBERT
504 SPRING AVENUE
LIBERTY MO 64068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
FLESHMAN, SHANE
9 VICTORY DR
LIBERTY MO 64068

☐ Delete

TITLE
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CITY-ST-ZIP
DIR
FLESHMAN, SHIRLEY
9 VICTORY DR
LIBERTY FL 64068

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

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CITY-ST-ZIP

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☐ Addition

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:

Robert Fleshman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Fleshman

3/29/2000

Date

816-781-0052

Daytime Phone #

CR2E034 (9/99)