2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000041939**

1. Entity Name
AMERICAN DREAM HOME BUILDERS INC.

Principal Place of Business	Mailing Address
145 N.W. CENTRAL PARK PLAZA	NINE VICTORY DRIVE
SUITE 112	SUITE 3-B
PORT ST LUCIE FL	LIBERTY MO
34986	64068

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0666924** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BANTA MARK
1880 PORT ST LUCIE BOULEVARD

PORT SAINT LUCIE FL
34952 US

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE _____ **01/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR FLESHMON SHIRLEY 9 VICTORY DR LIBERTY FL 64068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR FLESHMAN SHIRLEY 9 VICTORY DR LIBERTY FL 64068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR FLESHMON SHANE 9 VICTORY DR LIBERTY MO 64068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR FLESHMAN SHANE 9 VICTORY DR LIBERTY MO 64068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FLESHMAN ROBERT 504 SPRING AVENUE LIBERTY MO 64068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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 P 01/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #