

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90120 031 \*\*\*150.00

**DOCUMENT # P96000070485**

1. Entity Name  
**GARNET HOMES, INC.**

Principal Place of Business  
**511 GULF VIEW DRIVE**  
**PANAMA CITY BEACH FL 32413**

Mailing Address  
**8600 UNIVERSITY PARKWAY**  
**STE B2**  
**PENSACOLA FL 32514**

2. Principal Place of Business  
**8800 University Pkwy**

3. Mailing Address  
 Suite, Apt. #, etc.  
**STE B3**  
 City & State  
**PENSACOLA FL 32514**

Suite, Apt. #, etc.  
**Suite B3**  
 City & State  
**PENSACOLA FL 32514**  
 Zip  
**32514**

Suite, Apt. #, etc.  
**STE B3**  
 City & State  
**PENSACOLA FL 32514**  
 Zip  
**32514**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3400564**

Applied For  
 Not Applicable

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

**SMUDDE, WILLIAM L**  
**511 GULF VIEW DRIVE**  
**PANAMA CITY BEACH FL 32413**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**297 SUNDIAL ST**  
 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 *William L Smudde*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-statuting)  
 DATE **2/22/01**

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          | PD                         | <input type="checkbox"/> Delete |
| NAME           | SMUDDE, WILLIAM L          |                                 |
| STREET ADDRESS | 511 GULF VIEW DRIVE        |                                 |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32413 |                                 |
| TITLE          | VPST                       | <input type="checkbox"/> Delete |
| NAME           | SMUDDE, PATRICIA           |                                 |
| STREET ADDRESS | 511 GULF VIEW DRIVE        |                                 |
| CITY-ST-ZIP    | PANAMA CITY BEACH FL 32413 |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 297 SUNDIAL ST.        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          | S/T                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |                                                                              |
| STREET ADDRESS | 297 SUNDIAL ST.        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          | V                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SMUDDE, KEVIN          |                                                                              |
| STREET ADDRESS | 4333 Bayou Ridge Drive |                                                                              |
| CITY-ST-ZIP    | Pace, FL 32571         |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| 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 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: *William L Smudde* **William L Smudde** **2/22/01** **850-230-8597**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)