FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91522 027 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097249

1. Entity Name
FIDELITY HOMES, INC.

100000324

Principal Place of Business	Mailing Address
1460 S.W. 20TH ST BOCA RATON, FL 33486	1460 S.W. 20TH ST BOCA RATON, FL 33486

2. Principal Place of Business	3. Mailing Address
P.O. Box 39	P.O. Box 39
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON, FL
Zip: 33429 Country: USA	Zip: 33429 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0721279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOENFIELD, JEFFREY J.
1460 SW 20 ST
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name: ALEXANDER P. JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 633 S.E. 3RD AVE
SUITE 301
City: FT. LAUDERDALE FL Zip Code: 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Alexander Johnson 4/23/03
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS SCHOENFELDT, JEFFREY S PO BOX 39 1460 SW 20 ST BOCA RATON, FL 33429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS SCHOENFELDT, JEFFREY S P.O. Box 39 BOCA RATON FL 33429	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Schoenfeldt 4/23/03 561-391-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #