## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P97000030884

1. Entity Name

A.R.N. HOMES, INC.



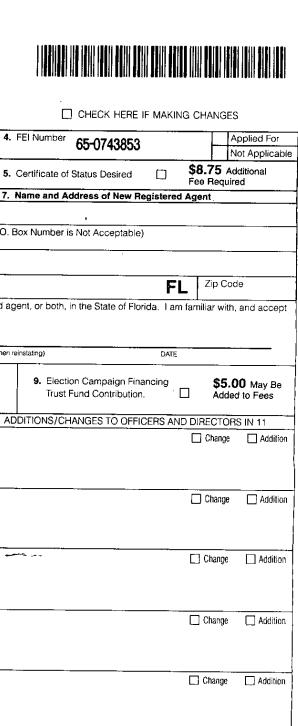
Principal Place of Business 10302 SOUTH US 1 PMB # 293

Mailing Address 10302 SOUTH US 1 PMR # 293

PORT ST. LUCIE FL	. 34952	PORT ST. LUCIE FL 34952			
2. Principal Place of	of Business	3. Mailing Addres	ss		
Suite, Apt. #, etc.		Suite, Apt. #, e	tc.		
City & State		City & State			
Zip	Country	Zip	Country	$\dashv$	
	Name and Address of Cu	rrent Registered Agent			
			Monte		

**FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90026 048 \*\*\*150.00



Zip Country Zip Country S. Centificate of Status Desired S. S. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Req										
See Name and Address of Current Registered Agent  6. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and act the obligations of registered agent.  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 Fonds. I am familiar with, and act the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fonds. I am familiar with, and act the obligations of registered agent.  8. The ADOVE THE THE THE THE THE THE THE THE THE TH	City & State		City & State	City & State		4. F	65-0743853	-		
S. Certificate of Status Desired	Zip	Country	Zip	Coun	trv			<u> </u>		
GREENWALT, A E 201 S. W. PT. ST. LUCIE BLVD.  #201 PORT ST. LUCIE FL 34984  8. This above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the childgation of registered agent.  SIGNATURE    Symbolia, hyperiar springed raper and the if applicable.   (MOTE Registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the childgation of registered agent.   (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and act the childgation of registered agent.   (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and act the childgation of registered agent.   (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and act the childgation of registered agent.   (MOTE Registered agent, or both, in the State of Florida. I am familiar with, and act the child agent agent and the first point agent agent and the first point agent agen					5. Certificate of Status Desired					I
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Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	00551				Name					
#201 PORT ST. LUCIE FL 34984  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent and title if applicable.  ### Signature, spend or private rame of impliated agent and title if applicable.  ### REFERENCE STORES AND DIRECTORS  ### DPST UICIE FL 34984    OPER Registered Agent signature sequent where retributing)					Street Address (P.O. Box Number is Not Acceptable)					
PORT ST. LUCIE FL 34984  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 active obligations of registered agent.  SIGNATURE    Signature   Signature, typed or private name of registered agent and the # applicable. (NOTE Registered Agent signature required when reliestance)   DAIE		. PT. ST. LUCIE BLVD.								
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 active obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME  STREET ADDRESS CITY-ST-2IP  TITLE OPST OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS	**				İ		,			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent.    Signature	PORT ST	. LUCIE FL 34984			City				Zin Codo	
SIGNATURE    Signature, typend or printed name of registered agent and title if applicable.   INOTE Registered Agent algoritation recorded when rematating)   DATE	. The observe				,					
Signature, typed or printed came of registered agent and time if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	the obligat	e named entity submits this statemen tions of registered agent.	t for the purpose of cha	nging its registere	d office or regis	stered age	nt, or both, in the State of Florida.	I am familiar	with, and ac	cept
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	•	<b>5 0</b>								
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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 the information is true and accurate and the information is true and accurate and that the information is true and accurate and the information is true and the information is	12. I hereby c	ertify that the information supplied w	ith this filing does not au	Jalify for the exem	ption stated in 9	Section 119	9.07(3)(i). Florida Statutes Lifurtho	r certify that t	the information	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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

SIGNATURE:

CR2E034 (10/02)