

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90084 002 \*\*\*150.00

80928099



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000038281**

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

Principal Place of Business 325 MEARS BLVD. OLDSMAR FL 34677	Mailing Address 325 MEARS BLVD. OLDSMAR FL 34677-3048
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number <b>59-3444377</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RENDE, MICHAEL W**  
**401 FAIRVIEW RD.**  
**BELLEAIR FL 34616**

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 \_\_\_\_\_ (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, 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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALDRICH, CHARLES W</b> <b>920 PORTER DR.</b> <b>LARGO FL 33771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SZAROWICZ, E. MICHAEL</b> <b>261 RUE DES CHATEAUX</b> <b>TARPON SPRINGS FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SZAROWICZ, DANIEL P</b> <b>1844 LAGO VISTA BLVD.</b> <b>PALM HARBOR FL 34685</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LUETH, ROBERT W</b> <b>295 FLORIDA AVE</b> <b>CRYSTAL BEACH FL 34681</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RENDE, MICHAEL W</b> <b>401 FAIRVIEW RD</b> <b>BELLEAIR FL 34616</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael W. Rende MICHAEL W. RENDE 02/22/00 813-818-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)