

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90032 048 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3444377**

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

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

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 _____

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**

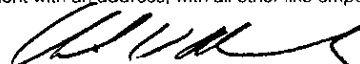
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALDRICH, CHARLES W	
STREET ADDRESS	920 PORTER DR.	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	V	<input type="checkbox"/> Delete
NAME	SZAROWICZ, E. MICHAEL	
STREET ADDRESS	261 RUE DES CHATEAUX	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	V	<input type="checkbox"/> Delete
NAME	SZAROWICZ, DANIEL P	
STREET ADDRESS	1844 LAGO VISTA BLVD.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUETH, ROBERT W	
STREET ADDRESS	295 FLORIDA AVE	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	
TITLE	S	<input type="checkbox"/> Delete
NAME	RENDE, MICHAEL W	
STREET ADDRESS	401 FAIRVIEW RD	
CITY-ST-ZIP	BELLEAIR FL 34616	
TITLE		<input type="checkbox"/> Delete
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		
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:  **Charles W. Aldrich Pres.** 03/20/01 813-818-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)