

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 001 ***150.00

DOCUMENT # P97000038281
1. Entity Name
ZARL HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 325 MEARS BLVD.		3. Mailing Address 325 MEARS BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OLDSMAR, FL		City & State OLDSMAR, FL	
Zip 34677	Country PINELLAS	Zip 34677	Country PINELLAS

4. FEI Number
593444377

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7-Name and Address of Current Registered Agent

Name
MICHAEL W. RENDE

Street Address (P.O. Box Number is Not Acceptable)
325 MEARS BLVD.

City
OLDSMAR FL Zip Code
34677

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 *Michael W. Rende* **4-22-02**
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.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P	NAME ALDRICH, CHARLES W.	TITLE	
STREET ADDRESS 920 PORTER DR.	CITY-ST-ZIP LARGO, FL 33771	STREET ADDRESS	
TITLE V	NAME SZAROWICZ, E. MICHAEL	TITLE	
STREET ADDRESS 261 RUE DES CHATEAUX	CITY-ST-ZIP TARPON SPRINGS, FL 34689	STREET ADDRESS	
TITLE V	NAME SZAROWICZ, DANIEL P.	TITLE	
STREET ADDRESS 1844 LAGO VISTA BLVD.	CITY-ST-ZIP PALM HARBOR, FL 34685	STREET ADDRESS	
TITLE V	NAME LUETH, ROBERT W.	TITLE	
STREET ADDRESS 295 FLORIDA AVE.	CITY-ST-ZIP CRYSTAL BEACH, FL 34681	STREET ADDRESS	
TITLE S	NAME RENDE, MICHAEL W.	TITLE	
STREET ADDRESS 401 FAIRVIEW RD.	CITY-ST-ZIP BELLEAIR, FL 34616	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael W. Rende* **MICHAEL W. RENDE** **04/22/02** **813-818-9222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)