## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000041998

Entity Name: FIRST CHOICE HOMES OF FLORIDA, INC.

FILED Apr 24, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 990508 NAPLES, FL 34116 **Current Mailing Address: New Mailing Address:** PO BOX 990508 NAPLES, FL 34116 US FEI Number: 65-0762662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COTTER, TIMOTHY J RAFAEL, LIY 562 GOLDCOAST CT. 599 NINTH STREET SOUTH MARCO ISLAND, FL 34145 US NAPLES, FL 34102 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: TOMOTHY J. COTTER 04/24/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RAFAEL, LIY Name: Name: 562 GOLDCOAST CT. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LIY, ANADENIA Name: Name: 1448 COLLINSWOOD AVE Address: Address: MARCO ISLAND, FL 34145 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LEON, ANAHIDIA Name: Name: 1448 COLLINSWOOD AVE Address Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ANDRACA, YOEL Name: Name: Address: Address: P.O. BOX 990508 City-St-Zip: City-St-Zip: NAPLES, FL 34116 Title: Title: ( ) Change (X) Addition ( ) Delete VERA, CLEMETE F Name: Name: Address: Address: P.O. BOX 990508 City-St-Zip: City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: ( ) Change (X) Addition DISARIO, ANTHONY Name: Name: P.O. BOX 990508 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL LIY P 04/24/2003