

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90071 017 \*\*\*150.00

0501894 AV

**DOCUMENT # P97000042457**

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

Principal Place of Business <b>1455 RAIL HEAD BLVD                  #2                  NAPLES FL 34110                  US</b>	Mailing Address <b>1455 RAIL HEAD BLVD                  #2                  NAPLES FL 34110                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0758015</b>	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**NAPLES-LAWDOCK, INC.  
 4501 TAMIAMI TRAIL, NORTH  
 SUITE 300  
 NAPLES FL 34103**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROLFES, HEIDI</b>	
STREET ADDRESS	<b>1016 GRANDISLE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROLFES, RICHARD</b>	
STREET ADDRESS	<b>1016 GRANDISLE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RAUDENBUSH, MARK</b>	
STREET ADDRESS	<b>1290 RAINBOW CT.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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:

4-24-02 941-514-7521

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

CR2E034 (9/01)