

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -4 AM 10:18

DOCUMENT # P97000042574

1. Entity Name
AMELIA ISLAND HOMES, INC.



Principal Place of Business
POST OFFICE BOX 6009
FERNANDINA BEACH, FL 32035 US

Mailing Address
POST OFFICE BOX 6009
FERNANDINA BEACH, FL 32035 US

2. Principal Place of Business
4224 Oyster Bay Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fernandina Beach, FL

City & State

4. FEI Number
59-3448593

Applied For
Not Applicable

Zip
32034

Country
Norscan

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DAVIS, CLYDE W
20 SOUTH FIFTH STREET
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

Name
Larry M. Rauer
Street Address (P.O. Box Number is Not Acceptable)

501 Centre St., Suite 101
City
Fernandina Beach FL Zip Code
32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Larry M. Rauer - Larry M. Rauer

6/2/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
RENN, PASCAL H
STREET ADDRESS
7287 HOLIDAY HILL CT
CITY-ST-ZIP
JACKSONVILLE, FL 32216 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D P
Grant Palmer
STREET ADDRESS
96161 PARK PLACE
CITY-ST-ZIP
FERNANDINA BEACH, FL 32034 ☐ Change ☒ Addition

TITLE
NAME
GARY PALMER
STREET ADDRESS
425 Buchanan Ave.
CITY-ST-ZIP
Cape Canaveral, FL 32920 ☐ Change ☒ Addition

TITLE
NAME
WILLIAM V. BUSH - 3
STREET ADDRESS
4650 RIDE WALK LN.
CITY-ST-ZIP
JACKSONVILLE, FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03

94-553-6565

Date

Daytime Phone #

CR2E034 (10/02)