

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90048 016 ***150.00

DOCUMENT # P97000056261

1. Entity Name
ADVANCED HOMES, INC.

Principal Place of Business
3856 WILDER BLVD
FERNANDINA BCH FL 32034

Mailing Address
3856 WILDER BLVD
FERNANDINA BCH FL 32034

B0053377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3456997

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

WILDER, KENNY
3856 WILDER BLVD
FERNANDINA BCH FL 32034

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 _____ 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 | D President <input type="checkbox"/> Delete |
| NAME | WILDER, KENNY |
| STREET ADDRESS | 3856 WILDER BLVD |
| CITY-ST-ZIP | FERNANDINA BCH FL 32034 |
| TITLE | D Vice-President/Tres. <input type="checkbox"/> Delete |
| NAME | YONN, TIMMY |
| STREET ADDRESS | 4208 SUMMER BREEZE DR |
| CITY-ST-ZIP | FERNANDINA BCH FL 32034 |
| TITLE | SH <input type="checkbox"/> Delete |
| NAME | WILDER, ERNEST T |
| STREET ADDRESS | 3856 WILDER BLVD |
| CITY-ST-ZIP | FERNANDINA BCH FL 32034 |
| TITLE | Secretary <input type="checkbox"/> Delete |
| NAME | Donna K. Wilder |
| STREET ADDRESS | 3856 Wilder Blvd. |
| CITY-ST-ZIP | Fernandina Bch., Flo 32034 |
| 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 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Kenny Wilder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/15/02 Daytime Phone #: 904-277-4849

CR2E034 (9/01)