

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90111 003 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000079999

1. Entity Name
STOUGHTON HOMES, INC.

Principal Place of Business

**802 E MOODY BLVD
 BUNNELL FL 32110
 US**

Mailing Address

**P.O. BOX 429
 BUNNELL FL 32110
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3479208
 59-2729995**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STOUGHTON, WILLIAM P
 5 ELLINGTON DR
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **William P. Stoughton**
 Street Address (P.O. Box Number is Not Acceptable)
802 E. Moody Blvd
 City **Bunnell** FL Zip Code **32110**

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

11/5/02

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	STOUGHTON, WILLIAM P	
STREET ADDRESS	5 ELLINGTON DR	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STOUGHTON, JANET N	
STREET ADDRESS	5 ELLINGTON DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	BILLY, MICHAEL	
STREET ADDRESS	6 WOODLYN LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAMAROO, MELISSA J	
STREET ADDRESS	5 ELLINGTON DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William P. Stoughton	
STREET ADDRESS	1260 Killarney Drive	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet N. Salam Stoughton	
STREET ADDRESS	1260 Killarney Drive	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey Lamm	
STREET ADDRESS	4 Sugarmill Lane	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mo Salaam	
STREET ADDRESS	802 E. Moody Blvd	
CITY-ST-ZIP	Bunnell FL 32110	
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:

[Signature] **SIGNATURE REQUIRED** Janet N. Stoughton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02

386-586-5665
 Daytime Phone #

CR2E034 (9/01)