

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079999

1. Entity Name
STOUGHTON HOMES, INC.



FILED

03 SEP 22 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number
58-3479208

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

STOUGHTON, WILLIAM P
802 E MOODY BLVD
BUNNELL, FL 32110

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

A. 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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW! FEE IS \$50.00
APR 15, 2003 FEE WILL BE \$450.00
BANKRUPTCY FEE IS \$25.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOUGHTON, WILLIAM P 1260 KILLARNEY DRIVE ORMOND BEACH, FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STOUGHTON, JANET N 1260 KILLARNEY DRIVE ORMOND BEACH, FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMM, JEFFREY 4 SUGARMILL LANE FLAGLER BEACH, FL 32136	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAAM, MO 802 E MOODY BLVD BUNNELL, FL 32110	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023357644 09/26/03--01012--018 **558.75	☐ 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: Janet N. Stoughton 9/19/03 386-586-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)