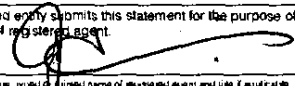
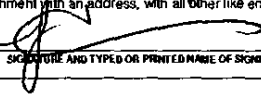


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90154 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000086834		
1. Entity Name MASTERPIECE HOMES & PROPERTIES, INC.		
Principal Place of Business 1495 S. VOLUSIA AVE., STE. 202 ORANGE CITY, FL 32763		Mailing Address 1495 S. VOLUSIA AVE., STE. 202 ORANGE CITY, FL 32763
2. Principal Place of Business 300 TREEMONTE DR.		3. Mailing Address PO BOX 740618
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State ORANGE CITY, FL		City & State ORANGE CITY, FL
Zip 32763		Zip 32774
County VOLUSIA		County VOLUSIA
4. FEI Number 59-3480482		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, GERI 1495 S. VOLUSIA AVE., STE. 202 ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/3/03 Signature, typed or printed name of registered agent and fee (if applicable) (NOTE: Registered Agent signature required when certifying)		
FILE NOW WITH FEES: \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, GERI 132 WISTERIA DR. LONGWOOD, FL 32779 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 127 RIVER RD PO BOX 131 SATSUMA FL 32189 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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		4/3/03 (386) 775-4137 Daytime Phone #

10064978

☒ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)