2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

rith an address, with all other like empowered.

HUM M SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000004823 1. Entity Name 04-12-2001 90050 035 ***150.00 COURTNEY BUILDERS, INC. Principal Place of Business Mailing Address 5472 3RD ST 5472 3RD ST 00034750 SAINT AUGUSTINE FL 32084 SAINT AUGUSTINE FL 32084 3. Mailing Address San Pablo Rd South 5561-B Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3489675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEAPLEY, ROBERT-A-Street Address (P.O. Box Number is Not Acceptable) 200 WEST FORSYTH ST., STE. 1400 JACKSONVILLE FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE COURTNEY, ROD NAME NAME 5472 3RD ST STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE hange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE .. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST*ZIP 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