

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036327

1. Entity Name

FIRST HOMES CONSTRUCTION INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90050 018 ***150.00

Principal Place of Business

Mailing Address

239 DELTONA BLVD

SAME

ST. AUGUSTINE FL. 32086-7356

2. Principal Place of Business

3. Mailing Address

18 HAWAIIAN BLVD

18 HAWAIIAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. AUGUSTINE FL.

ST. AUGUSTINE FL.

Zip

Country

Zip

Country

32084

ST. JOHNS

32084

ST. JOHNS

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3506672

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 ☐ Delete

NAME EUGENE A GAUMONT

STREET ADDRESS 18 HAWAIIAN BLVD

CITY-ST-ZIP ST. AUGUSTINE FL. 32084

TITLE ☐ Delete

NAME EUGENE A GAUMONT

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CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Eugene A Gaumont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/00

Daytime Phone #

404 461-0506

CR2E034 (9/99)