

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000036327**

1. Entity Name
FIRST HOMES CONSTRUCTION, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90037 043 ***150.00

Principal Place of Business
**18 HAWAII BLVD.
SAINT AUGUSTINE FL 32084**

Mailing Address
**18 HAWAII BLVD.
SAINT AUGUSTINE FL 32084**

00044808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
123 WHISPERING OAKS CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
123 WHISPERING OAKS CIRCLE
Suite, Apt. #, etc.

City & State
ST. AUGUSTINE FL.
Zip
32080
Country
ST. JOHNS

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4. FEI Number **59-3506672**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GAUMONT, EUGENE
18 HAWAII BLVD.
SAINT AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name
GAUMONT, EUGENE
Street Address (P.O. Box Number is Not Acceptable)
123 WHISPERING OAKS CIRCLE
City
ST. AUGUSTINE
Zip Code
32080

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
Eugene Gaumont **EUGENE GAUMONT President**
(NOTE: Registered Agent's signature required when re-registering)

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, 2001 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 PSTD	NAME GAUMONT, EUGENE A	STREET ADDRESS 239 DELTONA BLVD	CITY-STATE-ZIP ST AUGUSTINE FL 32086	☐ Delete
TITLE S	NAME GAUMONT, EUGENE A	STREET ADDRESS 18 HAWAIIAN BLVD.	CITY-STATE-ZIP SAINT AUGUSTINE FL 32084	☐ Delete
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Delete	
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Delete	
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Delete	
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NEW

TITLE PSTD	NAME GAUMONT, EUGENE A	STREET ADDRESS 123 WHISPERING OAKS CIRCLE	CITY-STATE-ZIP ST. AUGUSTINE FL. 32080	☒ Change ☐ Add New
TITLE S	NAME GAUMONT, EUGENE A	STREET ADDRESS 123 WHISPERING OAKS CIRCLE	CITY-STATE-ZIP ST. AUGUSTINE FL. 32080	☒ Change ☐ Add New
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Change ☐ Add New	
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Change ☐ Add New	
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Change ☐ Add New	
TITLE NAME	STREET ADDRESS NAME	CITY-STATE-ZIP NAME	☐ Change ☐ Add New	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 657, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, birth date, other like empowered.

SIGNATURE
Eugene Gaumont **EUGENE GAUMONT President** 4/4/01 (904) 401-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10-00)