

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90036 015 \*\*\*150.00

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AV

DOCUMENT # P98000036327

1. Entity Name

FIRST HOMES CONSTRUCTION, INC.

Principal Place of Business

123 WHISPERING OAKS CREEK  
ST AUGUSTINE FL 32080

Mailing Address

123 WHISPERING OAKS CREEK  
ST AUGUSTINE FL 32080ADDRESS CHANGES ONLY

2. Principal Place of Business

220 BIG MAGNOLIA CT

Suite, Apt. #, etc.

3. Mailing Address

220 BIG MAGNOLIA CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City &amp; State

ST. AUGUSTINE, FL

City &amp; State

ST. AUGUSTINE, FL

4. FEI Number

59-3506672

Applied For

Not Applicable

Zip

32080

Country

USA

Zip

32080

Country

USA

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

6. Name and Address of Current Registered Agent

GAUMONT, EUGENE

123 WHISPERING OAKS CIRCLE 220 BIG MAGNOLIA CT.  
ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

220 BIG MAGNOLIA CT

City

ST AUGUSTINE

FL

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 President

2/27/02

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, 2002 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 ☐ Delete  
 NAME GAUMONT, EUGENE A  
 STREET ADDRESS 123 WHISPERING OAKS CIRCLE  
 CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE S ☐ Delete  
 NAME GAUMONT, EUGENE A  
 STREET ADDRESS 123 WHISPERING OAKS CIRCLE  
 CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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 220 BIG MAGNOLIA CT  
 CITY-ST-ZIP ST. AUGUSTINE, FL, 32080

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 220 BIG MAGNOLIA CT  
 CITY-ST-ZIP ST. AUGUSTINE, FL, 32080

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TITLE ☐ Change ☐ Addition  
 NAME  
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE GAUMONT President 2/27/02 (904) 461-0506

Date

Daytime Phone #

CR2E034 (9/01)