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

FIFD

60000742556--7 -08/29/02--01046--019

02 AUG 23 AM 11:30 DOCUMENT # P980000\$0685 * 1. Entity Name Héritage Home Builders, Inc. SECRETARY OF STATE FALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE *****61.25 *****61.25 Mailing Address
777 Deltona Boulevard 2. Principal Place of Business 777 Deltona Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 15 15 4. FEI Number Applied For City & State Deltona, FL City & State 32725 Deltona, FL 32725 59-3512868 Not Applicable Country Country \$8.75 Additional 32725 5. Certificate of Status Desired Fee Required 32725 USA 7. Name and Address of Current Registered Agent Formoso, Bart V. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 777 Deltona Boulevard, IN THIS SPACE Zip Code 32725 Deltona 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. BART HOLMOSO January:1 - May 1 Fee is \$150:00 After May 1, Fee is \$550:00 Amended UBR is \$61:25 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. DPVPST TITLE TO THE TITLE NAME Formoso, Bart V. STREET ADDRESS 777 Deltona Boulevard, Suite 15 CITY-ST ZIP CITY-ST-ZIP Deltona, FL 32725 TITLE TITLE NAME Formoso, Rebecca O. 777 Deltona Boulevard, Suite 15 Deltona, FL 32725 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NALEF' NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME , NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(386) 574-0015

Daytime Phone #