

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90060 015 \*\*\*150.00

**DOCUMENT # P98000053701**



1. Entity Name  
**GORHAM CUSTOM BUILDERS OF FLORIDA, INC.**

Principal Place of Business  
**8262 SANCTUARY LANE  
AMELIA ISLAND FL 32034**

Mailing Address  
**8262 SANCTUARY LANE  
AMELIA ISLAND FL 32034**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1939 EBBTIDE CT.**

3. Mailing Address  
**1939 EBBTIDE CT**

Suite, Apt. #, etc.

City & State  
**AMELIA IS. FL**

City & State  
**AMELIA IS. FL**

4. FEI Number  
**59-3518444**

Applied For  
 Not Applicable

Zip  
**32034**

Country  
**USA**

Zip  
**32034**

Country  
**USA**

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

6. Name and Address of Current Registered Agent  
**MCCARROLL, LORIE L C.P.A.  
2334 E. STATE RD. 200  
#300  
FERNANDINA BEACH FL 32034**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GORHAM, JOHN S 8262 SANCTUARY LANE AMELIA ISLAND FL 32034</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP GORHAM, JOHN S 1939 EBBTIDE CT. AMELIA ISLAND FL. 32034</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **904**  
Date **1-4-03** Daytime Phone # **545-0475**

CR2E034 (10/02)