

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067418

1. Entity Name
AUGUSTA HOMES INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90025 010 ***150.00

Principal Place of Business Mailing Address
770-21ST ST. NW 770-21ST ST. NW
NAPLES FL 34120 NAPLES FL 34120-1814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2338 Jbc Blvd *2338 Jbc Blvd*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Naples FL 34109 *Naples FL*
Zip Country Zip Country
FL *USA* *34109* *USA*

4. FEI Number Applied For
59-3524391 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PARENT, THERESA
770 21ST ST NW
NAPLES FL 34120

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 *Theresa Parent* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, ROBERT	NAME	
STREET ADDRESS	770 21ST ST NW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34120	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, THERESA	NAME	
STREET ADDRESS	770 21ST ST NW	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34120	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Theresa Parent* Date *4-7-00* Daytime Phone # *941-3587*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)