DOCUMENT # P9900001007 1. Entity Name MAESBURY HOMES, INC.								FILED Jan 08, 2001 8:00 am Secretary of State					
Principal Plac			Mailing Address			┪		_	58 031 ***1				
		5		3038 MICHIGAN AVE									
				KISSIMMEE FL 34744									
2. Principal P	lace of Busin	ess	1	. Mailing Address		_	-						
Suite, Apt.	#, etc.			Suite, Apt. #, etc.		_	1	DO NOT WR	ITE IN THIS	SPACE			
City 9 State				City & State				TEL M		1 1	aplied For		
City & State				City & State				4. FEI Number 59-3560295 Applied For Not Applicable					
Zip		Country		Zip	Coun	itry	5. (Certificate of Status Desired		\$8.75 Add			
-	6 Name	and Address of Cu	rrent Rec	istered Agent		Τ	7. P	Name and Address of New	Registered				
	U. 1401116	and Addiess of Ou	viit riet	hororon vident		Name				<i>y</i>			
HAYES, ROBERT S						Street Address (P.O. Box Number is Not Acceptable)							
441 W. VINE STREET KISSIMMEE FL 34741					- Chook Addiese	,,		·-,					
						City			F	Zip Cod	le		
8. The above	named entit	submits this statem	ent for the	e purpose of changing its	s register	L ed office or regist	ered ag	ent, or both, in the State of F	lorida.	<u> </u>		_	
				3 3	."	٠.		•					
SIGNATURE	Cinnet	or printed name of registere	d agent	tla if annlingbla	E- Bagista	d Agent signature requir	ad whee ~	einstating)	DATE				
	Signature, typed	or printed name of registere	a agent and t				eu when it	garagean gy				 	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After MAY 1, 20 Make Check Payab					001 Fee	will be \$550.00		10. Election Campaign F Trust Fund Contributi			0 May Be to Fees		
11.		OFFICERS	AND DIR	ECTORS	12.		ΑC	DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR		(00)	
TITLE	D			☐ Delete	TITL					☐ Change	☐ Addition	(10/00)	
NAME STREET ADDRESS		N, MARTYN			NAM STRE	ET ADDRESS							
CITY-ST-ZIP		CHIGAN AVE EE FL 34744				-ST-ZIP						CR2E034	
TITLE	PVST			☐ Delete	TITLI	E				Change	☐ Addition	S =	
NAME	OXLEY, I				NAM	ET ADDRESS						[
STREET ADDRESS CITY-ST-ZIP		CHIGAN AVE EE FL 34744				-ST-ZIP						=	
TITLE	- MANIFESTA	<u> </u>		☐ Delete	TÍTL	E .	•			☐ Change	Addition	1 -> ■	
NAME					NAM							=	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS '- ST-ZIP						=	
TITLE				Delete	TITL			<u> </u>		☐ Change	Addition	1 =	
NAME					NAM	E						_	
STREET ADDRESS						EET ADDRESS '-ST-ZIP						=	
CITY-ST-ZIP				Delete	TITL	_				☐ Change	Addition	┧ =	
TITLE NAME				□ pelere	NAM							=	
STREET ADDRESS	ļ					ET ADORESS						=	
CITY-ST-ZIP	ļ			□ p-2.1-		-ST-ZIP				☐ Change	Addition	┨	
TITLE NAME				☐ Delete	TITLI					∟ онапув	Addition	=	
STREET ADDRESS					STRE	ET ADDRESS							
CITY-ST-ZIP						- ST-ZIP						↓	
 I hereby of indicated of the corporated, changed, 	certify that the on this repor poration or the or on an atta	e information suipplie t or supplemental re ne receiver or trustes achment with an aud	d with this port is tru en powe ress with	s filing does not qualify for e and accurate and that red to execute this repor all other like empowered	or the exe my signa t as requi l.	mption stated in s ture shall have the red by Chapter 6	Section e same 07, Flori	119.07(3)(i), Florida Statutes legal effect as if made under da Statutes; and that my nar	. I further c oath; that ne appears	ertify that the i I am an officer s in Block 11 o	nformation or director r Block 12 if		
SIGNAT	URE: _		77		ں۔ ر			Jan 3,01	407	944 1	<u> 309.</u>		
		SIGNATURE AND TYP	ED OR PRINT	FED NAME OF SIGNING OFFICE	OR DIREC	TOR /		Dale		Daytime Phone #	_	Jੂ	
												=	