

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -3 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000025562

1. Entity Name HOMESTEAD MANAGEMENT WESTSIDE, INC.



Principal Place of Business 207 WALPOLE LOOP DAVENPORT, FL 33837

Mailing Address 207 WALPOLE LOOP DAVENPORT, FL 33837

2. Principal Place of Business 1135 Cedarwood Way Suite, Apt. #, etc.

3. Mailing Address 1135 Cedarwood Way Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State Clermont, FL

City & State Clermont, FL

4. FEI Number 59-3570790

Applied For Not Applicable

Zip Country 34711 USA

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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

JONES, HELEN LOUISE 207 WALPOLE LOOP DAVENPONT, FL 33837

Name David S. Piercefield Street Address (P.O. Box Number Is Not Acceptable) 100 East Sybelia Ave., Suite 205 City Maitland FL Zip Code 32751

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 [Signature]

09/30/03 DATE

(NOTE: Registered Agent signature required when reinstating)

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 D NAME JONES, HELEN LOUISE STREET ADDRESS 207 WALPOLE LOOP CITY-ST-ZIP DAVENPONT, FL 33837 [Delete]

TITLE D,P,S,T NAME Paul D. Kelly STREET ADDRESS 1135 Cedarwood Way CITY-ST-ZIP Clermont, FL 34711 [Change] [Addition]

[Delete]

900023544899 10/03/03--01058--007 \*\*61.25 [Change] [Addition]

[Delete]

[Change] [Addition]

[Delete]

[Change] [Addition]

[Delete]

[Change] [Addition]

[Delete]

[Change] [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: Paul D. Kelly

[Signature]

09/30/03 352-243-5423

Date Daytime Phone #

CR2EC034 (10/02)

2/10/06