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	Mailing Address
207 WALPOLE LOOP DAVENPORT, FL 33837	207 WALPOLE LOOP DAVENPORT, FL 33837

2. Principal Place of Business	3. Mailing Address
1135 Cedarwood Way Suite, Apt. #, etc.	1135 Cedarwood Way Suite, Apt. #, etc.
City & State: Clermont, FL	City & State: Clermont, FL
Zip: 34711 / Country: USA	Zip: 34711 / Country: USA

XX CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3570790 — Applied For / 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
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 _____ 09/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILING FEE IS $150.00
CHANGE FEE WILL BE $50.00
AMENDED UBR IS $61.25
Make Checks 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	D ☒ Delete	TITLE	D,P,S,T ☐ Change ☒ Addition
NAME	JONES, HELEN LOUISE	NAME	Paul D. Kelly
STREET ADDRESS	207 WALPOLE LOOP	STREET ADDRESS	1135 Cedarwood Way
CITY-ST-ZIP	DAVENPONT, FL 33837	CITY-ST-ZIP	Clermont, FL 34711
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	900023544899
STREET ADDRESS		STREET ADDRESS	10/03/03--01058--007 **61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 09/30/03 352-243-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

7 10/6