

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90047 008 ***150.00

DOCUMENT # P99000035094

1. Entity Name
RAST HOMES INC.



Principal Place of Business
**6611 WINTERSET GARDENS ROAD
WINTER HAVEN, FL 33884**

Mailing Address
**6611 WINTERSET GARDENS ROAD
WINTER HAVEN, FL 33884**

2. Principal Place of Business
2015 8th Terrace S.E.
Suite, Apt. #, etc.

3. Mailing Address
2015 8th Terrace S.E.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Winter Haven, FL

City & State
Winter Haven, FL

4. FEI Number
59-3569849

Applied For
☐ Not Applicable

Zip Country
33880 USA

Zip Country
33880 USA

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

**FISHER, KATE
1400 WEST FAIRBANKS AVENUE SUITE 102
WINTER PARK, FL 32789-7171**

Name
Jane E. Lamberson
Street Address (P.O. Box Number is Not Acceptable)
8955 Fontana Del Sol Way

City Zip Code
Naples FL 34109

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 Jane E. Lamberson Jane E. Lamberson 2/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

**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 ☐ Delete
NAME **D**
STREET ADDRESS **STARKMANN, RALF**
CITY-ST-ZIP **2015 8TH TERR SE
WINTER HAVEN, FL 33880**

TITLE ☒ Change ☐ Addition
NAME **P.V.P.T.S.D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: R. J. STARKMANN STARKMANN 03/03/03 8632959162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)