

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051263

1. Entity Name

LH CUSTOM HOMES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90123 037 ***158.75

Principal Place of Business

Mailing Address

5824 BEE RIDGE RD. #206
SARASOTA FL 34233

5824 BEE RIDGE RD. #206
SARASOTA FL 34233-5065

70000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6525 S. Tamiami Tr.

5824 Bee Ridgerd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

#206

City & State

City & State

Sarasota, FL

Sarasota, FL

4. FEI Number

65-0928457

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

34231

USA

34233

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSMAN, PATSI L
5824 BEE RIDGE RD. #206
SARASOTA FL 34233

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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: PRESIDENT/OWNER
NAME: PATSI L. Hausman
STREET ADDRESS: 2190 Pactor Rd #2
CITY-ST-ZIP: SARASOTA, FL 34231

TITLE:
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patsi L. Hausman

4/26/00 941-363-8009