

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90016 007 \*\*\*150.00

**DOCUMENT # P99000055578**

1. Entity Name  
**STADI HOMES INC.**

Principal Place of Business 6611 WINTERSSET GARDENS ROAD WINTER HAVEN FL 33884	Mailing Address 6611 WINTERSSET GARDENS ROAD WINTER HAVEN FL 33884
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3585366**      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

**HARTUNG, RIGOBERT R**  
**6611 WINTERSSET GARDENS ROAD**  
**WINTER HAVEN FL 33884**

Name **KATE FISHERS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.**  
**1400 W. FAIRBANKS AVE. SUITE 102**  
 City **WINTER PARK** FL Zip Code **32789-7171**

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 **KATE FISHERS**      *Kate Fishers*      **1/22/01**  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARTUNG, RIGOBERT</b> <b>6611 WINTERSSET GARDENS ROAD</b> <b>WINTER HAVEN FL 33884</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STARKMANN, RALF DIETER</b> <b>2015 8TH TERRACE S.E.</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RALF STARKMANN**      *R. Starkmann*      **1-22-01**      **(863) 295-9162**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

UBR2173

CR2E034 (10/00)