

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90195 042 ***150.00

DOCUMENT # P99000059931

1. Entity Name
REEF CUSTOM HOMES, INC.



Principal Place of Business
**18795 SW 105 AVENUE
MIAMI FL 33157**

Mailing Address
**18795 SW 105 AVENUE
MIAMI FL 33157**



2. Principal Place of Business
10460 SW 187 Terrace
Suite, Apt. #, etc.

3. Mailing Address
10460 SW 187 Terrace
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0936675**

Applied For
Not Applicable

Zip
33157

Country

Zip
33157

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FINAN, THOMAS P
8403 REDNOCK LANE
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	OVERHOLT, CRAIG	
STREET ADDRESS	18795 SW 105 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILSON, ROBERT B	
STREET ADDRESS	18795 SW 105 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	OVERHOLT, ROD	
STREET ADDRESS	18795 SW 105 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADE, ROBERT C	
STREET ADDRESS	18795 SW 105 AVENUE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)