2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # P9900069150 Secretary of State STEWART HOMES OF CENTRAL FLORIDA, INC. 05-02-2001 90103 033 ***150.00 Principal Place of Business Mailing Address 2500 W. LAKE MARY BLVD. 2500 W. LAKE MARY BLVD. LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 237 SAXON BUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State DeLTONA City & State 4. FEI Number Applied For 59-3618546 RELTONA Not Applicable Country USIA Country 1/0/45/A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sauce STACY A ECKERT PA Street Address (P.O. Box Number is Not Acceptable) 2415 S VOLUSIA AVE #A-4 **ORANGE CITY FL 32763** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete STEWART, GLEN NAME NAME STREET ADDRESS STREET ADDRESS 6723 SYLVAN WOODS DRIVE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Change TITLE ☐ Delete TITLE STEWART, JR., GLEN NAME 2500 W. LAKE MARY BLVD 212C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete LTITLE ☐ Addition STEWART, SHANTI NAME NAME 2500 W. LAKE MARY BLVD., 212C STREET ADDRESS -STREET-ADDRESS. CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

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SIGNATURE: 4-27-01 407 574-555