FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90052 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079430

1. Entity Name
BMI QUALITY HOMES, INC.

90133746

Principal Place of Business	Mailing Address
1505 S.E. 40 STREET, STE.C CAPE CORAL, FL 33904	1505 S.E. 40 STREET, STE.C CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
1323 B CAPECORAL	1323 B CAPE CORAL
Suite, Apt. #, etc. PARKWAY EAST	Suite, Apt. #, etc. PARKWAY EAST
City & State CAPE CORAL FL	City & State CAPE CORAL, FL
Zip 33904 Country USA	Zip 33904 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0873949 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES, FL 33134

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 ______________________ DATE
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
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: PD NAME: MEINS, HARTMUT STREET ADDRESS: ~~1505 S.E. 40 STREET, STE.C~~ CITY-ST-ZIP: CAPE CORAL, FL 33904	☐ Delete	☒ Change ☐ Addition 1323B CAPE CORAL PKWY E CAPE CORAL, FL 33904-9606
TITLE: STD NAME: BERGER MEINS, ANGELIKA STREET ADDRESS: ~~1505 S.E. 40 STREET, STE.C~~ CITY-ST-ZIP: CAPE CORAL, FL 33904	☐ Delete	☒ Change ☐ Addition 1323 B CAPE CORAL PKWY E CAPE CORAL, FL 33904-9606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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] A. BERGER-MEINS 05-09-03 (239)549-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #