

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90050 017 ***150.00

DOCUMENT # P99000080304



1. Entity Name
EMBASSY CUSTOM HOMES, INC.

Principal Place of Business
12601 AVALON RD
WINTER GARDEN FL 34787

Mailing Address
P. O. BOX 622903
OVIDO FL 32762



2. Principal Place of Business
12601 AVALON Rd.
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 622903
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER GARDEN FL
Zip
34787
Country
ORANGE

City & State
OVIDO, FL
Zip
32762
Country
SEMINOLE

4. FEI Number **59-3598365**
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

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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 |
|-------|------|-------------------|------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | PSTD | JORDAN, LARRY | 223 STRATFORD DR | | | | | | | |
| | | WINTER SPRINGS FL | 32708 | | | | | | | |
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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: LARRY JORDAN **1-3-03 407-4674872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)