2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90466 048 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000093218

1. Entity Name

AMERICAN HOMES NETWORK, INC.

Principal Place of Business	Mailing Address
2901 Parkway Blvd. Kissimmee, FL 34747	5620 W. Irlo Bronson Hwy., Suite 118 Kissimmee, FL 34746

2. Principal Place of Business		3. Mailing Address	
2205 US Hwy 27 N		505 Avenue A, NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: Suite 102	
City & State: Davenport, FL		City & State: Winter Haven, FL	
Zip: 33837	Country: USA	Zip: 33881-4626	Country: USA

4. FEI Number: 59-3609865 ☐ 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
Watkins, David 3412 Clard Road, #102 Sarasota, FL 34231	Name: Govoni, Brian R. Street Address (P.O. Box Number is Not Acceptable): ~~505 Avenue A, NW, Suite 102~~ City: Winter Haven FL Zip Code: 33881

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 [signature]
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. (See criteria on back) ☐

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	P	Lumb, Kevin W. 2110 Mallory Circle Haines City, FL 33844 ☐ Delete	TITLE	P	Lumb, Kevin W. 9930 W. Lake Marion Drive Haines City, FL 33844 ☒ Change ☐ Addition
TITLE	S	Lumb, Sandra 2110 Mallory Circle Haines City, FL 33844 ☐ Delete	TITLE	S	Lumb, Sandra 9930 W. Lake Marion Drive Haines City, FL 33844 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] President 1/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

CR2E034 (11/00)