

2000 UNIFORM BUSINESS REPORT (UBR)

4

FILED
May 11, 2000 8:00 am
Secretary of State

04-07-2000 90034 031 ***150.00

DOCUMENT # P99000097473

1. Entity Name

TRADITIONAL HOME BUILDERS, INC.

Principal Place of Business

160 NOEL COURT
 ORANGE PARK FL 32073

Mailing Address

160 NOEL COURT
 ORANGE PARK FL 32073-2523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3609104

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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
THOMAS ARNOLD, JERRY CARTER
 Street Address (P.O. Box Number is Not Acceptable)

160 NOEL CT.

City **ORANGE PARK, FL** FL Zip Code **32073**

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 **THOMAS ARNOLD**
JERRY CARTER

Thomas W. Arnold
Jerry Carter

DATE **4/19/00**

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, 2000 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ARNOLD, THOMAS W	
STREET ADDRESS	160 NOEL COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CARTER, JERRY W	
STREET ADDRESS	160 NOEL COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Jerry Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

(904) 272-5991

Daytime Phone #

CR2E034 (9/99)