2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 799 000102 148 May 03, 2001 8:00 am 1. Entity Name GTAH Home Builders, Inc Secretary of State 05-03-2001 90995 048 ***150 00 Principal Place of Business Mailing Address 2601 Wells Ave, Ste 141 Fern Park , F1 32730 2601 Wells Ave Ste 141 Fern Park, 9132730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 220 Nottoway Trail Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 793<u>60</u> Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Scussel, Teresa P. 2601 Wells Aue Ste 141 Change to Street Address (P.O. Box Number is Not Acceptable) Fen Parlia 32730 JoHowan Zip Code addiess 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. (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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition TITLE TITLE ☐ Delete Scussel, Teresa K NAME NAME Dao Nottoway Tr Maitland, FY 32757 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗷 Delete TITLE ☐ Change ☐ Addition TITLE Hoagland, Michael Ryan 2601 wells Ave Stelly Fran Park, Fr 32730 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Scussel, Angela C ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 220 Nottoway Tr NAME STREET ADDRESS STREET ADDRESS Maitiand, 17 327 CITY-ST-ZIP CITY-ST-ZIP TITLE □ ∩elete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. R Scusse/ 4-22-01 (401) 539-0745