

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91556 043 ***150.00

00055508

DO NOT WRITE IN THIS SPACE

DOCUMENT # 536062
1. Entity Name
 Arista Custom Homes, Inc.

Principal Place of Business **Mailing Address**
 4840 Mile Stretch Dr. same
 Holiday FL 34690

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 _____ **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Madalvanos, Georgia
 4840 Mile Stretch Dr.
 Holiday FL 34690
 (old address was 3827 Louis Cir. Tarpon Springs 34689)

7. Name and Address of New Registered Agent
 Name: New Address
 Street Address (P.O. Box Number is Not Acceptable)
 4840 Mile Stretch Dr.
 City: Holiday FL Zip Code: 34690

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 Georgia Madalvanos **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEES \$150.00 After MAY 1, 2001 Fee will be \$550.00**
(See criteria on back) **16. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P	NAME Chaconas, Angeline	<input type="checkbox"/> Delete
STREET ADDRESS	3827 LOUIS CIR	
CITY-ST-ZIP	Tarpon Spr. 34689	
TITLE V	NAME Madalvanos, Zisisimos	<input type="checkbox"/> Delete
STREET ADDRESS	4840 Mile Str. Holiday	
CITY-ST-ZIP		
TITLE S	NAME Madalvanos, Georgia	<input type="checkbox"/> Delete
STREET ADDRESS	3827 Louis Cir. TS	
CITY-ST-ZIP	34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME New Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4840 MILE stretch Dr.	
CITY-ST-ZIP	Holiday FL 34690	
TITLE	NAME New Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4840 mile stretch Dr	
CITY-ST-ZIP	Holiday FL 34690	
TITLE	NAME New Address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4840 Mile stretch Dr.	
CITY-ST-ZIP	Holiday FL 34690	
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		
STREET ADDRESS		
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)(f), 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 fees empowered.

SIGNATURE: Georgia Madalvanos **DATE** 4/30/01 **Daytime Phone #** 727-942-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)