2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S36062 **DOCUMENT #**

1. Entity Name

ARISTA CUSTOM HOMES, INC.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90163 003 ***150.00

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					NE INC					
Principal Place of Business 4840 MILE STRETCH RD HOLIDAY FL 34690 US		Mailing Address 4840 MILE STRETCH RD HOLIDAY FL 34690 US								
2. Principal Plac	ce of Business	3. Mailin	g Address) (10)(2)0 (38))()0 O((((06)(1 06)(1		{	All Albii teal
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	59-3051674			Applicable	
Zip Country		Zip Countr		try	5. Certificate of Status Desired See Required Section 1					
	6. Name and Address of Current	Registered	Agent		- 	7N	ame and Address of New Re	istered Ag	ent	
	6. Name and Address of Carrent		3		Name					
	NOS, GEORGIA				Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)			
	STRETCH DRIVE							_	-	
:HOLIDAY F	rl 34090				City	·	40.	FL	Zip Code)
	named entity submits this statement for	or the nurne	see of changing its	register	Led office or regi	stered age	ent, or both, in the State of Flori	da. I am fa	miliar with, a	and accept
8. The above noting the obligation	named entity submits this statement in one of registered agent.	or the purpo	se of changing he	, r ug .o.a.						
SIGNATURE _	Signature, typed or printed name of registered agen	and title if appli	cable. (NOT	ΓΕ: Registere	ad Agent signature rec	uired when re	instating)	DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00) of State					Election Campaign Fina Trust Fund Contribution			0 May Be to Fees
	Payable to Florida Department		20	11.		AD	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
10.	OFFICERS AND	DIRECTOR	Delete	TIT					Change	Addition
TITLE	P CHACONAS, ANGELINE		C Delete	NA!						
NAME STREET ADDRESS	4840 MILE STRETCH DRIVE			STF	REET ADDRESS					
CITY-ST-ZIP	HOLIDAY FL 34690			CIT	Y-ST-ZIP					
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(3)(i). Florida Statutes. Truther the time that the lindicated 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 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 otherwise empowered. 7279428864

SIGNATURE:

Daytime Phone #