

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90013 005 \*\*\*150.00

0450046

**DOCUMENT # S44004**

1. Entity Name

**JOSEPH HOMES, INC.**

Principal Place of Business

~~344 SCARLET BUGLER LANE SOUTH~~  
~~JACKSONVILLE FL 32225~~  
~~US~~

Mailing Address

~~344 SCARLET BUGLER LANE SOUTH~~  
~~JACKSONVILLE FL 32225~~  
~~US~~

2. Principal Place of Business

132 Deer Lake Dr.  
 Suite, Apt. #, etc.

3. Mailing Address

132 Deer Lake Dr.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

**59-3103637**

Applied For

Not Applicable

Zip

32082

Country

St. Johns

Zip

32082

Country

St. Johns

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEFFIELD, J. HOWARD**  
**4209 BAYMEADOWS RD.**  
**JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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

TITLE PD ☐ Delete  
 NAME JOSEPH, CHARLES  
 STREET ADDRESS 344 SCARLET BUGLER LANE SOUTH  
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VP ☐ Delete  
 NAME JOSEPH, WYNDEE B  
 STREET ADDRESS 344 SCARLET BUGLER LANE, S  
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 132 Deer Lake Dr.  
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 132 Deer Lake Dr  
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: Charles F. Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles F. Joseph

Date

4/2/01

Daytime Phone #

904-280-2633

CR2E034 (10/00)