

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90026 046 ***150.00

DOCUMENT # S66327

1. Entity Name

LASH CUSTOM HOMES, INC.

Principal Place of Business

3324 W. UNIVERSITY AVE.
GAINESVILLE FL 32607
US

Mailing Address

3324 W. UNIVERSITY AVE.
GAINESVILLE FL 32607
US

2. Principal Place of Business

4311 NW 17th Place

3. Mailing Address

4311 NW 17th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville Florida

Zip

32605

Country

FLACHUA

Zip

32605

Country

FLACHUA

4. FEI Number

59-3075032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LASH, SUSAN D.

2606 N.W. 58TH BLVD.

GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Lash, Susan D.

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

4311 NW 17th Place

City

Gainesville

FL

Zip Code

32605

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

Susan Lash

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/01
 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, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **LASH, ROBERT A**
 CITY-ST-ZIP **2606 N.W. 58TH BLVD. 4311 NW 17th Place**
GAINESVILLE FL 32606 32605

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **LASH, SUSAN D**
 CITY-ST-ZIP **2606 N.W. 58TH BLVD. 4311 NW 17th Place**
GAINESVILLE FL 32606 32605

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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Susan Lash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01
 Date

352-371-1327

Daytime Phone #

CR2E034 (9/01)