2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90147 021 ***150.00

DOCUMENT # V60649

1. Entity Name
AUBUCHON HOMES, INC.

Principal Place of Business	Mailing Address
~~4724 VINCENNES BLVD~~ CAPE CORAL, FLORIDA CAPE CORAL FL 33904 US	4707 SE 9th Place Cape Coral, FL 33904

2. Principal Place of Business	3. Mailing Address
4707 S.E. 9TH PLACE	4707 S.E. 9TH PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0355937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLBUCHON, GARY ~~4724 VINCENNES BLVD~~ CAPE CORAL FL 33904 4707 SE 9th Place Cape Coral, FL 33904	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AUBUCHON, GARY ~~4724 VINCENNES BLVD~~ CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4707 SE 9th Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AUBUCHON, DARRYL ~~4724 VINCENNES BLVD~~ CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4707 SE 9th Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AUBUCHON, JAMES ~~4724 VINCENNES BLVD~~ CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4707 SE 9th Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AUBUCHON, MARTHA ~~4724 VINCENNES BLVD~~ CAPE CORAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4707 SE 9th Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOSWICK, MARIE A ~~4724 VINCENNES BLVD~~ CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4707 SE 9th Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha A. Aubuchon MARTHA A. AUBUCHON 4/14/03 239-549-6358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #