2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V68421

Entity Name: GOLD CREST HOMES, INC.

FOULKES, KATHLEEN

INVERNESS, FL 34452

710 BALBAO AVE.

Name:

Address: City-St-Zip: FILED Aug 20, 2002 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1590 N. MEADOWCREST BLVD. CRYSTAL RIVER, FL 34429 **Current Mailing Address: New Mailing Address:** 1590 N. MEADOWCREST BLVD. CRYSTAL RIVER, FL 34429 US FEI Number: 59-3154324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONARD GREG E 4531 N PERRY DR BEVERLY HILLS, FL 34465 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CONARD, GREG, Name: Name: 4531 N PERRY DR Address: Address: City-St-Zip: BEVERLY HILLS, FL City-St-Zip: () Delete Title: VΡ Title: () Change () Addition Name: CONARD, JERRI F Name: 4531 N. PERRY DR. Address: Address: BEVERLY HILLS, FL 34465 City-St-Zip: City-St-Zip: VPO Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KATHLEEN FOULKES VPO 08/20/2002