

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V72568**

1. Entity Name
STEADFAST HOMES, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90068 012 ***150.00

Principal Place of Business
1 FLORIDA PARK DRIVE S
STE 107
PALM COAST FL 32137
US

Mailing Address
1 FLORIDA PARK DRIVE S
STE 107
PALM COAST FL 32137
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
4902 SANDCASTLE CIRCLE PO BOX 353096

City & State
ST AUGUSTINE, FLA 32085 **PALM COAST, FLA**

Zip
32085 **32135**

4. FEI Number **59-3148158**

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

6. Name and Address of Current Registered Agent
VESTY, SONYA K.
1 FLORIDA PARK DRIVE S
STE 107
PALM COAST FL 32137

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 _____ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRES & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESTY, SONYA K.	<i>change</i>	NAME	VESTY, SONYA K	
STREET ADDRESS	1 FLORIDA PARK DR, STE 107		STREET ADDRESS	4902 SANDCASTLE CIRCLE	
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP	ST. AUGUSTINE, FLA 32085	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	VP & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESTY, SYDNEY S JR	<i>change</i>	NAME	VESTY, SYDNEY S JR	
STREET ADDRESS	1 FLORIDA PARK DR SO, STE 107		STREET ADDRESS	PO BOX 115	
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP	E ARLINGTON, FLA 32631	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESTY, SYDNEY S SR		NAME	VESTY, SYDNEY S SR	
STREET ADDRESS	1 FLORIDA PARK DR. S., STE. 107		STREET ADDRESS	4902 SANDCASTLE CIRCLE	
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP	ST. AUGUSTINE, FLA 32085	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Sydney S. Vestey* **SYDNEY S. VESTY** 2/14/02 904-437543

CR2E034 (10/00)