2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90360 007 ***150.00

B00039795

DO NOT WRITE IN THIS SPACE

DOCUMENT # 618214

1. Entity Name
SYLVESTER HOMES, INC.

Principal Place of Business
1646-3 COLONIAL BLVD
FORT MYERS FL 33907
US

Mailing Address
PO BOX 61664
FORT MYERS FL 33907

2. Principal Place of Business: 5980 ADELE CT.
Suite, Apt. #, etc.
City & State: FT. MYERS, FL.
Zip: 33919- Country: USA.

3. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-1922839 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SYLVESTER, FRED
~~72 FIRST STREET, PAGE PARK~~
~~FT. MYERS FL 33907-9441~~ CHANGE TO →

7. Name and Address of New Registered Agent
Name: FRED SYLVESTER.
Street Address (P.O. Box Number is Not Acceptable): 5980 ADELE CT.
City: FT MYERS Zip Code: 33919.

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 FRED SYLVESTER [signature] 4-19-2001.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SYLVESTER, FRED 5900 ADELE CT FORT MYERS FL 33919	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYLVESTER, FRED 72 FIRST STREET FT MYERS, FL 00000	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 4-18-2001 941-936-7579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #