

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G63461

1. Entity Name

CONTEMPORARY HOMES BY SINTON, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90132 015 \*\*\*150.00

Principal Place of Business

Mailing Address

3461 SE KUBIN AVE  
STUART FL 34997

3461 SE KUBIN AVE  
STUART FL 34997-2534

602686

2. Principal Place of Business

1299 SW Jasmine Trace  
Suite, Apt. #, etc.

3. Mailing Address

1299 SW Jasmine Trace  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City Fla.

City & State

Palm City Fla

4. FEI Number

59-2341367

Applied For

Not Applicable

Zip

34990

Country

Martin

Zip

34990

Country

Martin

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINTON, PAUL W.  
3461 SE KUBIN AVE.  
STUART FL 34997

7. Name and Address of New Registered Agent

Name Sinton, Paul, W

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

1299 SW Jasmine Trace

City Palm City

FL

Zip Code 34990

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

Paul Sinton, Pres.

1/10/2000

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, 2000 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 DP  
NAME SINTON, PAUL W  
STREET ADDRESS 3461 SE KUBIN AVE.  
CITY-ST-ZIP STUART, FL 00000 ☐ Delete

TITLE DS  
NAME SINTON, JOANNE L.  
STREET ADDRESS 3461 SE KUBIN AVE.  
CITY-ST-ZIP STUART FL ☐ Delete

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

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

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

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

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:

Paul Sinton

1-10-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)