

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

CR2E034 (9/01)

DOCUMENT # P00000053590

1. Entity Name
PLUMMER HOMES, INC.

04-02-2002 90084 017 ***150.00

Principal Place of Business
16731 TEQUESTA TRAIL
CLERMONT FL 34711

Mailing Address
16731 TEQUESTA TRAIL
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3649158		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PLUMMER, FRED K 16731 TEQUESTA TRAIL CLERMONT FL 34711				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____

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

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, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PLUMMER, FRED K	NAME	
STREET ADDRESS	16731 TEQUESTA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PLUMMER, LUKE R	NAME	
STREET ADDRESS	16731 TEQUESTA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____