

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045350

1. Entity Name

PRESTIGE HOME BUILDERS, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90005 007 ***158.75

Principal Place of Business

Mailing Address

7600 DOCTOR PHILLIPS BLVD.
STE 2 BX 95
ORLANDO FL 32819
US

7600 DOCTOR PHILLIPS BLVD.
STE 2 BX 95
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

7512 DR. Phillips Blvd
Suite, Apt. #, etc.
Suite 50

7512 DR Phillips Blvd
Suite, Apt. #, etc.
Suite 50

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32819

ORANGE

32819

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3249883

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DETERT, ALLAN L
7600 DR. PHILLIPS BLVD.
SUITE 2
ORLANDO FL 32819

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS DETERT, ALLAN L
CITY-ST-ZIP 7600 DR PHILLIPS BLVD SUITE 2
ORLANDO FL

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS KIRCHER, JANET
CITY-ST-ZIP 7600 DR PHILLIPS BLVD STE 2
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS DOWD, JEFFREY
CITY-ST-ZIP 7600 DR PHILLIPS BLVD STE 2
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS CLARK, GARY
CITY-ST-ZIP 7600 DR PHILLIPS BLVD STE 2
ORLANDO FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-01 407 876 3368

CR2E034 (10/00)