## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90023 048 \*\*\*150.00 **DOCUMENT # 300134** JEFFREY HOMES, INC. Principal Place of Business Mailing Address 1308 N. KINGSWAY ROAD 1308 N. KINGSWAY ROAD P. O. BOX 649 P. O. BOX 649 00002003 BRANDON FL 33510-2516 BRANDON FL 33510-2516 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1157089 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEFCIK, WILLIAM T. Street Address (P.O. Box Number is Not Acceptable) 510 E. WINDHORST ROAD **BRANDON FL 33510** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition ☐ Change TITLE ☐ Delete TITLE SEFCIK..WILLIAM T. STREET ADDRESS 510 E. WINDHORST ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRANDON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME SEFCIK, KAY J. NAME STREET ADDRESS STREET ADDRESS 510 E. WINDHORST ROAD CITY-ST-7IP CITY-ST-ZIP **BRANDON FL** Addition -- [-]-Change - Delete TITLE TITLE NAME SEFCIK, BRIAN S NAME STREET ADDRESS STREET ADDRESS 2801 COMMONWEALTH AVE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS 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.

PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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