

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0409437 AV

**DOCUMENT # 300134**

1. Entity Name  
**JEFFREY HOMES, INC.**

03-29-2002 91397 047 \*\*\*150.00

Principal Place of Business  
**1308 N. KINGSWAY ROAD**  
**P. O. BOX 649**  
**BRANDON FL 33510-2516**

Mailing Address  
**1308 N. KINGSWAY ROAD**  
**P. O. BOX 649**  
**BRANDON FL 33510-2516**



2. Principal Place of Business  
**3109 Lithia Pinecrest**  
 Suite, Apt. #, etc. **Road**

3. Mailing Address  
**P. O. Box 649**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Valrico, Fl.**

City & State  
**Brandon, Fl.**

**33594** Country Zip **33509-0649** Country

4. FEI Number **59-1157089** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SEFCIK, WILLIAM T.**  
**510 E. WINDHORST ROAD**  
**BRANDON FL 33510**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2812 Commonwealth Ave.**  
 City **Valrico** **FL** Zip Code **33594**

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

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SEFCIK, WILLIAM T.</b> <b>510 E. WINDHORST ROAD</b> <b>BRANDON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>SEFCIK, KAY J.</b> <b>510 E. WINDHORST ROAD</b> <b>BRANDON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SEFCIK, BRIAN S</b> <b>2801 COMMONWEALTH AVE</b> <b>VALRICO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Sefcik, William T.</b> <b>2812 Commonwealth Ave.</b> <b>Valrico, Fl. 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Sefcik, Kay J.</b> <b>2812 Commonwealth Ave.</b> <b>Valrico, Fl. 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Sefcik, Brian S.</b> <b>2808 Commonwealth Ave.</b> <b>Valrico, Fl. 33594</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Alston, Robert Bradford</b> <b>1521 Touchton Rd.</b> <b>Lutz, Fl. 33549</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Kay J. Sefcik* **REQUIRED** **3-14-02** **813/689-7161**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)