

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91580 001 ***150.00

DOCUMENT # 686144

1. Entity Name

PLANNING HOMES & VILLAS, INC

Principal Place of Business

4655 EAGLE PARK DR
 KISSIMMEE, FL 34736

Mailing Address

3501 W VINE STREET
 STE 281
 KISSIMMEE, FL 34741

2. Principal Place of Business

4655 EAGLE PARK DR
 Suite, Apt. #, etc

3. Mailing Address

3501 W VINE STREET
 Suite, Apt. #, etc
 SUITE 281

City & State

KISSIMMEE, FL 34736

City & State

KISSIMMEE, FL

4. FEI Number

59-2017025

Applied For

Not Applicable

Zip

34736

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

QUINONES, MARCO ELIAS
~~4655 EAGLE PARK DR~~
~~KISSIMMEE, FL 34736~~

7. Name and Address of New Registered Agent

Name QUINONES, MARCOS E.
 Street Address (P.O. Box Number is Not Acceptable)
 4655 Eagle Park Dr
 City Kissimmee, FL Zip Code 34736

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	QUINONES, MARCO	
STREET ADDRESS	4655 EAGLE PARK DR	
CITY-STATE-ZIP	KISSIMMEE, FL 34736	
TITLE	V	☐ Delete
NAME	QUINONES, MADELINE	
STREET ADDRESS	4655 EAGLE PARK DR	
CITY-STATE-ZIP	KISSIMMEE, FL 34736	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	☒ Change ☒ Addition
NAME	QUINONES, MARCO	
STREET ADDRESS	4655 Eagle Park Dr	
CITY-STATE-ZIP	Kissimmee, FL 34736	
TITLE	V	☒ Change ☐ Addition
NAME	QUINONES, Madeline	
STREET ADDRESS	4655 Eagle Park Dr	
CITY-STATE-ZIP	Kissimmee, FL 34736	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Duration: If none

CR2001 (11/01)