

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94427

1. Entity Name

HAUSER RESIDENTIAL CONSTRUCTION CORPORATION

Principal Place of Business

4212 SILVER LANE  
VALRICO FL 33594  
US

Mailing Address

4212 SILVER LANE  
VALRICO FL 33594  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUSER, DENNIS E  
452 SUMMIT CHASE DR.  
VALRICO FL 33694

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.

(NOT: Registered Agent's 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 **PV** ☐ Delete  
NAME **HAUSER, DENNIS E**  
STREET ADDRESS **4103 CYPRESS POINT PL**  
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **ST** ☐ Delete  
NAME **HAUSER, CAROLYN J**  
STREET ADDRESS **4103 CYPRESS POINT PL**  
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **VP** ☐ Delete  
NAME **HAUSER, DAVID**  
STREET ADDRESS **814 W. 129TH AVE.**  
CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE **VP** ☒ Delete  
NAME **HAUSER, DENNIS E JR.**  
STREET ADDRESS **518 BETH ANN**  
CITY-ST-ZIP **VALRICO FL 33594**

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an ☐ with ☐ other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90007 040 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)