

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000006084

1. Entity Name
2-10 HOME BUYERS WARRANTY OF VIRGINIA, INC.



Principal Place of Business

**6600 NW 16 ST
STE 1
PLANTATION, FL 33313**

Mailing Address

**6600 NW 16 ST
STE 1
PLANTATION, FL 33313**



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1630113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOORHEES, MARY M
6600 NW 16 ST STE 1
PLANTATION, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**C
ZUBRETSKY, JOSEPH
200 RIVERSIDE BLVD. #31A
NEW YORK, NY 10069**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SD
VOORHEES, MARY M
1260 SW 5 CT
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
BOYLE, DANIEL
12010 NW 23 ST
PEMBROKES PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
JASKO, DAVID J
11155 WEST PACIFIC CT
LAKEWOOD, CO 80227**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000102005
04/02/04 80036-017 150.00

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IN THIS SPACE**

12. 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 10 or Block 11 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

DANIEL BOYLE

3/29/04

Date

(954) 585-6655

Daytime Phone #