## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H27060** Apr 27, 2000 8:00 am Secretary of State SOUKUP DESIGN HOMES, INC. 04-27-2000 90078 022 \*\*\*150.00 Principal Place of Business Mailing Address 1325 S. CONGRESS AVE 1325 S. CONGRESS AVE SUITE 210 SUITE 210 **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426-5873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2478916 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOUKUP.CHARLES Street Address (P.O. Box Number is Not Acceptable) 1325 S CONGRESS AVE **SUITE 210 BOYNTON BEACH FL 33426** 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 DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PVT ☐ Change ☐ Addition Delete TITLE TITLE SOUKUP, CHARLES J. NAME NAME STREET ADDRESS 1325 S. CONGRESS AVENUE, #210 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE SOUKUP, CHARLES, J. NAME NAME STREET ADDRESS STREET ADORESS 1325 S CONGRESS AVENUE, #210 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appowered. SIGNATURE: SIGNATURE AND TYPES OR PRIN