

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36262

1. Entity Name

HOUSEHOLDER HOMES, INC.

Principal Place of Business

Mailing Address

2820 N. FLA AVE.
HERNANDO FL 34442-4319
US

2820 N. FLA AVE.
HERNANDO FL 34442-4319
US

2. Principal Place of Business

1831 S.E. 195th Terr

Suite, Apt. #, etc.

3. Mailing Address

1831 S.E. 195th Terr

Suite, Apt. #, etc.

City & State

Morrison FL

City & State

Morrison FL

Zip

32668

Country

Lery

Zip

32668

Country

Lery

4. FEI Number

59-2497951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUSEHOLDER, CINDY
1831 SE 195TH TERR
MORRISTON FL 32668

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent 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

TITLE DP
NAME HOUSEHOLDER, ROGER L.
STREET ADDRESS 1831 SE 195 TERR
CITY-ST-ZIP MORRISTON FL 32668 ☐ Delete

TITLE VST
NAME HOUSEHOLDER, CINDY D
STREET ADDRESS 1831 SE 195 TERR
CITY-ST-ZIP MORRISTON FL 32668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

352-528-9100

Daytime Phone #

CR2E034 (10/00)

0473009

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90109 026 ***150.00

A0008075



DO NOT WRITE IN THIS SPACE