2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

Zip

DOCUMENT # J59141

1. Entity Name

P & M HOMES INC.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Principal Place of Business	Mailing Address
297 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714	237 WEST CITRUS STREET ALTAMONTE SPRINGS FL 32714-2503
2. Principal Place of Business	3. Mailing Address

6. Name and Address of Current Registered Agent

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

Country

NAVARRETE, PORFIRIO

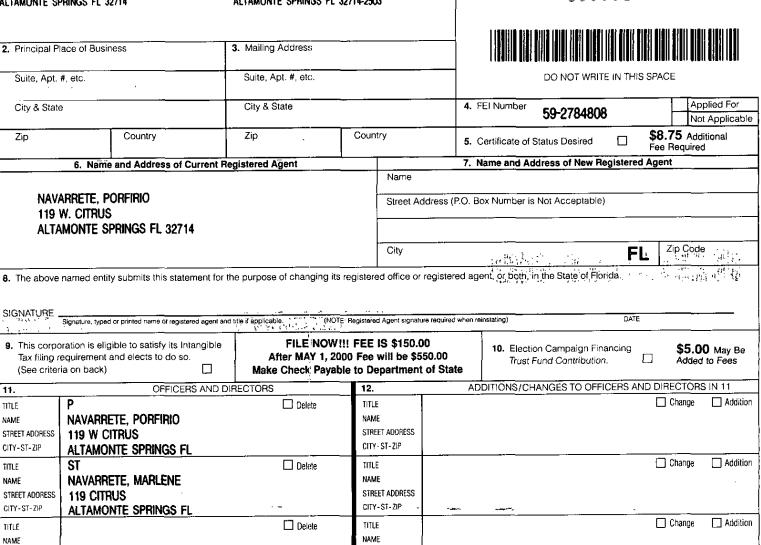
ALTAMONTE SPRINGS FL 32714

9. This corporation is eligible to satisfy its Intangible

119 W. CITRUS

Apr 10, 2000 8:00 am Secretary of State

04-10-2000 90051 045 ***150.00



Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE NAVARRETE, PORFIRIO NAME STREET ADDRESS STREET ADDRESS 119 W CITRUS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete TITLE NAVARRETE, MARLENE NAME NAME STREET ADDRESS STREET ADDRESS 119 CITRUS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

13. I hereby certify that the information supplied with this filing does not cualify 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

SIGNATURE:

G OFFICER OR DIRECTOR