

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90131 004 ***150.00

DOCUMENT # J80829

1. Entity Name

P.E.I. HOMES, INC.

Principal Place of Business

Mailing Address

2164 DEER HOLLOW CIRCLE

P.O. BOX 950910

BOX 950910

P.O. BOX 950910

FL 32779

LAKE MARY FL 34712-1799

US

2. Principal Place of Business

3. Mailing Address

13817 Via Roma Circle

PO Box 121799

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont FL

Clermont Fl

Zip

Zip

34711

Country

Country

Lake

34712

Country

Lake

4. FEI Number

22-2346489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PLEUS, ROBERT J. JR.
255 S ORANGE AVENUE
ORLANDO FL 32801

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	DIMARCO, ATTILIO			
	2164 DEER HOLLOW CIR			
	LONGWOOD FL			
	T			
	DIMARCO, CAROL			
	2164 DEER HOLLOW CIR			
	LONGWOOD FL			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

CR2E034 (9/99)

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

Date

Daytime Phone #

1-28-00 352-243-0125