

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90050 037 ***150.00

DOCUMENT # K32987

1. Entity Name

PROFESSIONAL HOMEMINDERS, INC.

Principal Place of Business

5936 CRANBROOK WAY
 B-202
 NAPLES FL 34112
 US

Mailing Address

5936 CRANBROOK WAY
 B-202
 NAPLES FL 34112
 US

2. Principal Place of Business

2430 VANDERBIKT BEACH RD

Suite, Apt. #, etc.

SUITE 108-161

City & State

NAPLES FL

Zip

34109

Country

US

3. Mailing Address

2430 VANDERBIKT BEACH RD

Suite, Apt. #, etc.

SUITE 108-161

City & State

NAPLES FL

Zip

34109

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0075851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANGFORD, GEORGE P.
 3357 TAMiami TRAIL N
 NAPLES FL 33940**

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	D	<input checked="" type="checkbox"/> Delete
NAME	CHEVALIER, PAUL R.	
STREET ADDRESS	5936 CRANBROOK WAY B202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHEVALIER, MARILYN L.	
STREET ADDRESS	5936 CRANBROOK WAY B202	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, DAVID R	
STREET ADDRESS	7766 EMERALD CIRCLE, #202	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

DAVID R. RICH

Date

2/14/01 941 450-4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)