2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # **K39138** PUMPKIN HOMES INC. 05-04-2001 90050 023 ***150.00 Principal Place of Business Mailing Address 419 KEY EXECUTIVE BUILDING 419 KEY EXECUTIVE BUILDING 104 CRANDON BLVD. 104 CRANDON BLVD. KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0082951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALAN, MARIA J. 104 CRANDON BLVD #419 **KEY BISCAYNE FL 33149** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bott, in the State of Florida (NOTE: Registored Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE ☐ Delete TITLE ☐ Addition NAME SPENCER, S.A. NAME 251 CRANDON BLVD #164 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL **VDAS** ☐ Delete ☐ Addition TITLE Change TITLE SPENCER, MARY M. NAME NAME STREET ADDRESS 251 CRANDON BLVD., #164 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL Delete TITLE Addition TITLE LEISCHNER, STEVEN NAME NAME STREET ADDRESS 1979 DOGWOOD DR. STREET ADDRESS Scotch Plains, NJ 07076 CITY-ST-7IP CITY-ST-ZIP WESTFIELD NJ ☐ Delete TITLE NAME 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-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.