

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92605

1. Entity Name
CHARLES STEFFY HOMES, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90008 040 ***150.00

Principal Place of Business
**1482 TOWHEE RUN
OVIEDO FL 32765
US**

Mailing Address
**P O BOX 608
GOLDENROD FL 32733-608
US**

2. Principal Place of Business
161 Steeplechase Cir
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
SANford FL

Zip
32771

Country
US

4. FEI Number
59-2951071

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

**STEFFY, CHARLES
1482 TOWHEE RUN
OVIEDO FL 32765**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEFFY, CHARLES 1482 TOWHEE RUN OVIEDO FL 32765	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Steffy* **Charles Steffy** 2/5/01 407-328-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)