

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90010 022 ***150.00

DOCUMENT # K92605

1. Entity Name

CHARLES STEFFY HOMES, INC.

Principal Place of Business

**161 STEEPLECHASE CIRCLE
 SANFORD FL 32771
 US**

Mailing Address

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

2. Principal Place of Business

106 ST Johns Landing Dr
 - Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Zip Country

32708 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

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

7. Name and Address of New Registered Agent

Name **STEFFY, Charles**
 Street Address (P.O. Box Number is Not Acceptable)
106 ST Johns Landing Dr
 City **Winter Springs FL** Zip Code **32708**

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

1/21/02

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, 2002 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 type="checkbox"/> Delete
NAME	STEFFY, CHARLES
STREET ADDRESS	1482 TOWHEE RUN
CITY-ST-ZIP	OVIEDO FL 32765
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
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFY, Charles
STREET ADDRESS	106 ST. Johns Landing Dr
CITY-ST-ZIP	Winter Springs FL 32708
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

407-971-3600

Daytime Phone #

CR2E034 (9/01)