

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010426

1. Entity Name

AMY HIGH HOMES, LLC

REINSTATEMENT 2001

FILED

Principal Place of Business

400 TIMBERGLEN COURT
WINTER SPRINGS FL 32708

Mailing Address

400 TIMBERGLEN COURT
WINTER SPRINGS FL 32708

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address MIRTHA MARTIN, CPA

1321 ARBOR VISTA PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

125

DO NOT WRITE IN THIS SPACE

City & State

City & State

LAKE MARY FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

32746

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MIRTHA V CPA
1321 ARBOR VISTA POINT #7-125
LAKE MARY FL 32746

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Delete
NAME THOMAS L HIGH
STREET ADDRESS 400 TIMBERGLEN COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Change ☐ Addition
NAME 300004649603--7
STREET ADDRESS -10/23/01--01037--005
CITY-ST-ZIP ****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/15/2001

CR2E083 (5/01)