2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # L97329 1. Entity Name **Secretary of State** MONK CUSTOM HOMES, INC. Principal Place of Business Mailing Address 2381 21ST ST. SW 2381 21ST ST SW NAPLES FL NAPLES FL 33964 33964 US 2. Principal Place of Business 3. Mailing Address 1495 23RD ST. SW 1495 23RD ST. SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NAPLES FL NAPLES FL 65-0207809 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 34117 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONK LINDA MONK 1829 TAMIAMI TRAIL N. Street Address (P.O. Box Number is Not Acceptable) 1495 23RD ST SW NAPLES \mathbf{FL} 34102 City 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. 04/28/2000 LINDA S. MONK Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITLE ☐ Delete Change ☐ Addition MONK LINDA S NAME STREET ADDRESS 2381 21ST ST SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES \mathbf{FL} TITLE ☐ Delete PVST ☐ Change ☐ Addition NAME MONK, LINDA S. NAME STREET ADDRESS 2381 21ST ST SW STREET ADDRESS CITY-ST-ZIF NAPLES FI. CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.

FILED