

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90043 046 ***158.75

DOCUMENT # L97329

1. Entity Name
MONK CUSTOM HOMES, INC.

Principal Place of Business

**1495 23RD ST. SW
 NAPLES FL 34117
 US**

Mailing Address

**1495 23RD ST. SW
 NAPLES FL 34117
 US**

2. Principal Place of Business

8851 TAHIAHI TR. N

Suite, Apt. #, etc.

NAPLES FL

City & State

Zip **34108**

Country

COLLIER

3. Mailing Address

PO BOX 770175

Suite, Apt. #, etc.

NAPLES FL

City & State

Zip **34107**

Country

COLLIER



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0207809**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MONK, LINDA S
 1495 23RD ST SW
 NAPLES FL 34117**

7. Name and Address of New Registered Agent

Name **LINDA S. MONK**

Street Address (P.O. Box Number is Not Acceptable)

357 EMERALD BAY CIRCLE QS

City **NAPLES**

FL

Zip Code

34110

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

Linda S. Monk

4/10/01

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

TITLE **PVST** ☒ Delete
 NAME **MONK, LINDA S.**
 STREET ADDRESS **2381 21ST ST SW**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ Delete
 NAME **MONK, LINDA S**
 STREET ADDRESS **2381 21ST ST SW**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **MONK, LINDA S**
 STREET ADDRESS **357 EMERALD BAY CIRCLE QS**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **MONK, LINDA S**
 STREET ADDRESS **357 EMERALD BAY CIRCLE QS**
 CITY-ST-ZIP **NAPLES FL 34110**

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

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

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

TITLE ☐ Change ☐ 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

Linda S. Monk

4/10/01

Date

Daytime Phone #

CR2E034 (10/00)