

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90867 016 ***158.75

DOCUMENT # L97329

1. Entity Name

MONK CUSTOM HOMES, INC.

Principal Place of Business

**8851 TAMiami TRAIL NORTH
 NAPLES FL 34108
 US**

Mailing Address

**P O BOX 770175
 NAPLES FL 34107
 US**

2. Principal Place of Business

3575 31ST Ave SW

3. Mailing Address

3575 31ST Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

NAPLES, FL.

Zip

34117

Country

USA

Zip

34117

Country

USA

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

357 EMERALD WAY CIRCLE Q5

NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

LINDA MONK GRANATA

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

3575 31ST Ave SW

City

NAPLES

FL

Zip Code

34117

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, type 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, 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 **PVST** ☐ Delete
 NAME **MONK, LINDA S.**
 STREET ADDRESS **357 EMERALD BAY CIRCLE Q5**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **D** ☐ Delete
 NAME **MONK, LINDA S**
 STREET ADDRESS **357 EMERAL BAY CIRCLE Q5**
 CITY-ST-ZIP **NAPLES FL 34110**

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 **PVST** ☒ Change ☐ Addition
 NAME **LINDA MONK GRANATA**
 STREET ADDRESS **3575 31ST Ave SW**
 CITY-ST-ZIP **NAPLES, FL. 34117**

TITLE **D** ☒ Change ☐ Addition
 NAME **LINDA MONK GRANATA**
 STREET ADDRESS **3575 31ST Ave SW**
 CITY-ST-ZIP **NAPLES, FL. 34117**

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: *Linda Monk Granata*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)