

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90147 006 \*\*\*150.00

0540831 AV

**DOCUMENT # L97329**

1. Entity Name  
**MONK CUSTOM HOMES, INC.**



Principal Place of Business  
**3575 31 AVE SW  
NAPLES FL 34117  
US**

Mailing Address  
**3575 31 AVE SW  
NAPLES FL 34117  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**GRANATA, LINDA M  
3575 31 AVE SW  
NAPLES FL 34117**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda M. Granata*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-16-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete  
NAME **MONK, LINDA S.**  
STREET ADDRESS **3575 31 AVE SW**  
CITY-ST-ZIP **NAPLES FL 34117**

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

TITLE **D** ☐ Delete  
NAME **MONK, LINDA S**  
STREET ADDRESS **3575 31 AVE SW**  
CITY-ST-ZIP **NAPLES FL 34117**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

**5-16-03 (239) 465-4833**

CR2E034 (10/02)

Attachment

80121045  
L 97329

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Fl. 32302-1500

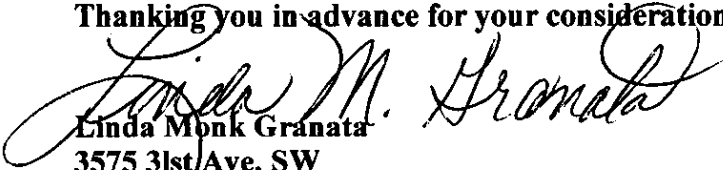
**TO WHOM THIS MAY CONCERN:**

Please find the completed corporation filing forms and my check in the amount of \$150.00. I have been incorporated since 1989/90 and have always filed during the month of February. As your records will verify, I have never filed after the deadline of May 1. Dec. 13, 2002, I had major surgery and one week later the surgery ruptured and I had to be readmitted to Holy Cross Hospital in Ft. Lauderdale. I almost died due to complications from infections spreading throughout my blood supply. I did not overcome these complications and released from the hospital until March. Since then I have had 2 hospital stays for a week each time related to my kidneys.

I am begging you to please forgive my late filing, as my husband had no idea about my business and was not aware to file this before May 1. I found the forms buried on my desk under a mountain of mail that had to be opened and dealt with. My financial status in the business is less than desirable at this time due to the loss of income from projects I could not undertake during my sickness.

Please consider my circumstances and I will appreciate any help you can give me to waive the \$400.00 late fee.

Thanking you in advance for your consideration.

  
Linda Monk Granata  
3575 31st Ave. SW  
Naples, Fl. 34117