

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90273 022 \*\*\*150.00

**DOCUMENT # M74055**

1. Entity Name  
**PRIMAVERA HOMES OF FLORIDA, INC.**

Principal Place of Business <b>401 E VISCAYA CIRCLE          DELTONA FL 32738          US</b>	Mailing Address <b>401 E VISCAYA CIRCLE          DELTONA FL 32738          US</b>
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2. Principal Place of Business <b>4502 S. ATLANTIC AVE</b>	3. Mailing Address <b>4502 S. ATLANTIC AVE</b>
Suite, Apt. #, etc. <b>2</b>	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>New Smyrna Beach FL</b>	City & State <b>New Smyrna Beach FL</b>	4. FEI Number <b>59-2885733</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32169</b>	Country <b>INDONESIA</b>	Zip <b>32169</b>	Country <b>INDONESIA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>ZARBO, LOUISE GINA          401 EAST-VISCAYA CIRCLE          DELTONA FL 32738</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4502 S. ATLANTIC AVENUE</b> City <b>New Smyrna Beach FL</b> Zip Code <b>32169</b>
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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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZARBO, SALVATORE</b> <b>401 E. VISCAYA CIRCLE</b> <b>DELTONA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address <b>4502 S. ATLANTIC AVE</b> <b>New Smyrna Beach, FL 32169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZARBO, LOUISE GINA</b> <b>401 E. VISCAYA CIRCLE</b> <b>DELTONA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition of Address <b>4502 S. ATLANTIC AVE</b> <b>New Smyrna Beach, FL 32169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KESHAUJI, GALA</b> <b>932 HYER ST</b> <b>ORLANDO FL 32803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Louise G. Zarbo, V. Pres* **4/19/02** **386-424-0321**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)