FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am P00000004395 DOCUMENT # **Secretary of State** 1. Entity Name 02-05-2002 90040 028 ***158.75 FIRST CHOICE HOMES OF S. W. FLORIDA, INC. Principal Place of Business Mailing Address FIRST CHOICE HOMES FIRST CHOICE HOMES 1432 SE 33RD ST PO BOX 150662 CAPE CORAL FL 33904 CAPE CORAL FL 33915 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 615 Case Cocal City & State Applied For 4. FEI Number City & Stat 65-0975222 Not Applicable a oe Caas Country \$8.75 Additional 5. Certificate of Status Desired 33914 AZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIESEL, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 2121 MCGREGOR BOULEVARD FORT MYERS FL 33901 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a .9-07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSTD** TITLÉ ☐ Delete TITLE V D Change Addition ERICSON, VANCE Gien G. Frank NAME NAME 1503 S.E. 33RD STREET ADDRESS STREET ADDRESS 301 5E 32nd 5T CAPE CORAL FL 33904 CITY-ST-7IP City-St-7IP Capecaral, FL 33904 TITLE VD **X** Delete TITLE Change ☐ Addition NAME KIESEL, THOMAS F NAME STREET ADDRESS 2121 MCGREGOR BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP 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 in stee empower to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: .

of the corporation or the receiver changed, or on an attachment

QUIREGIENG Frank AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR