

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018605

1. Entity Name
PORTOFINO HOMES, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90033 043 ***150.00

Principal Place of Business
1530 S.E. 16PL. STE. 101
CAPE CORAL FL 33990

Mailing Address
1530 S.E. 16PL. STE. 101
CAPE CORAL FL 33990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHIVINSKI, DEBORAH JUDE
2329 S.E. 27 ST.
CAPE CORAL FL 33904

Name
DEBORAH JUDE SCHIVINSKI

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

1530 SE 16 PL #101

City
CAPE CORAL

FL

Zip Code
33990

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 DEBORAH JUDE SCHIVINSKI
Signature, typed or printed name of registered agent and title if applicable.

DEBORAH JUDE SCHIVINSKI
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DEBORAH JUDE SCHIVINSKI
1530 SE 16 PL #101
CAPE CORAL FL 33990 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MATHEW J. SCHIVINSKI
1530 SE 16 PL #101
CAPE CORAL FL 33990 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ 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:

DEBORAH JUDE SCHIVINSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-458-9984

CR2E034 (10/00)