

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022392

1. Entity Name
FLORIDA HOMES INTERNATIONAL, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 048 ***550.00

0123083 AT

Principal Place of Business
145 SABAL LAKE DRIVE
DAVENPORT FL 33837

Mailing Address
145 SABAL LAKE DRIVE
DAVENPORT FL 33837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

717 EAST OAK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Kissimmee, FL

4. FEI Number

59-4831708

Applied For

Not Applicable

Zip

Country

Zip

Country

34744

USA

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

GOVONI, BRIAN R
505 AVENUE A, NW
SUITE 102
WINTER HAVEN FL 33881

Name
Andy Baumruk
Street Address (P.O. Box Number is Not Acceptable)
717 E. OAK STREET
City
Kissimmee FL Zip Code
34744

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/28/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
D HENRY, ADRIENNE
STREET ADDRESS
145 SABAL LAKE DRIVE
CITY-ST-ZIP
DAVENPORT FL 33837 ☐ Delete

TITLE
NAME
S.T.
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
D HENRY, EDWARD
STREET ADDRESS
145 SABAL LAKE DRIVE
CITY-ST-ZIP
DAVENPORT FL 33837 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)