

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90255 048 ***150.00

DOCUMENT # P00000025216

1. Entity Name
CHOICE BUILDERS CORPORATION

Principal Place of Business
**9005 LONG LAKE AVENUE
BROOKSVILLE FL 34613**

Mailing Address
**9005 LONG LAKE AVENUE
BROOKSVILLE FL 34613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3642553

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

**HAFKE, TIMOTHY H
9005 LONG LAKE AVENUE
BROOKSVILLE FL 34613**

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.

SIGNATURE

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

(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	D	<input type="checkbox"/> Delete
NAME	HAFKE, TIMOTHY H	
STREET ADDRESS	9005 LONG LAKE AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAFKE TIMOTHY	
STREET ADDRESS	9005 LONG LAKE AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	1ST V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUREEN HAFKE	
STREET ADDRESS	9005 LONG LAKE AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	2ND V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFERY PONKEY	
STREET ADDRESS	12385 CORRINE AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	3RD V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH JAY PONKEY	
STREET ADDRESS	9005 LONG LAKE AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY HAFKE

Date

Daytime Phone #

1-30-01 3525972273

CR2E034 (10/00)