

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90324 023 ***150.00

DOCUMENT # P00000025216



1. Entity Name
CHOICE BUILDERS CORPORATION

Principal Place of Business
9019 LONG LAKE AVENUE
BROOKSVILLE FL 34613

Mailing Address
9019 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**



☒ **CHECK HERE IF MAKING CHANGES**

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 **HAFKE TIMOTHY H**
Street Address (P.O. Box Number is Not Acceptable) **9019 Long Lake Ave**
City **BROOKSVILLE FL 34613**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Timothy H*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HAFKE, TIMOTHY H**
STREET ADDRESS **9005 LONGLAKE AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **PRES. / O/S** ☒ Change ☐ Addition
NAME **9019 LONGLAKE AVE**
STREET ADDRESS **BROOKSVILLE FL 34613**
CITY-ST-ZIP

TITLE **1V** ☐ Delete
NAME **HAFKE, MAUREEN**
STREET ADDRESS **9005 LONG LAKE AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **1V** ☒ Change ☐ Addition
NAME **9019 LONGLAKE**
STREET ADDRESS **BROOKSVILLE FL 34613**
CITY-ST-ZIP

TITLE **2** ☐ Delete
NAME **PONKEY, JEFFEREY**
STREET ADDRESS **12385 CORRINE AVENUE**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **T** ☐ Delete
NAME **PONKEY, JOSEPH J**
STREET ADDRESS **11194 PERSIMMON**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

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

TITLE **3VP** ☐ Delete
NAME **TODD, RON**
STREET ADDRESS **1961 PEORIA STREET**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **3VP** ☒ Change ☐ Addition
NAME **TODD Ron**
STREET ADDRESS **9043 MICHIGAN**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

1-17-03

Date

352-5972273

Daytime Phone #

CR2E034 (10/02)