

2002. UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90031 030 ***150.00

DOCUMENT # P00000026576

1. Entity Name
FLEUR-DE-LIS HOMES, INC.

Principal Place of Business
700 GOLDEN BEACH BLVD. SUITE 207
VENICE FL 34285

Mailing Address
700 GOLDEN BEACH BLVD. SUITE 207
VENICE FL 34285

838918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1440 JAMAICA ROAD
 Suite, Apt. #, etc.

3. Mailing Address
1440 JAMAICA ROAD
 Suite, Apt. #, etc.

City & State
VENICE, FLORIDA,
 Zip
34293-5459 Country
U.S.A.

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VENICE, FLORIDA
 Zip
34293-5459 Country
U.S.A.

4. FEI Number **65-0994219** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KURM, PAUL
700 GOLDEN BEACH BLVD, SUITE 207
VENICE FL 34285

7. Name and Address of New Registered Agent

Name **PAUL KURM**
 Street Address (P.O. Box Number is Not Acceptable)
1440 JAMAICA ROAD
 City **VENICE, FLORIDA, FL** Zip Code **34293-5459**

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 _____ (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KURM, PAUL 700 GOLDEN BEACH BLVD, SUITE 207 VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURM, PAUL 700 GOLDEN BEACH BLVD, SUITE 207 VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PAUL KURM 1440 JAMAICA ROAD, VENICE, FLORIDA, 34293-5459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL KURM 1440 JAMAICA ROAD, VENICE, FLORIDA, 34293-5459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **PAUL KURM** : President; April 15th 2002 (941) 406-9377
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)