

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90053 033 ***150.00

DOCUMENT # P00000030560

1. Entity Name
FEELS LIKE HOME, INC.

Principal Place of Business
4107 EAGLE FEATHER DRIVE
ORLANDO FL 32829

Mailing Address
4107 EAGLE FEATHER DRIVE
ORLANDO FL 32829

years ago... please accept this one everything remaining the same
7619 Highmeadow Cir
Orlando, FL 32822

years ago... please accept this one everything remaining the same

2. Principal Place of Business

Royals Oaks of Kissimmee
2336 A Prime Circle

3. Mailing Address

7619 Highmeadow Cir
Orlando, FL 32822



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Kissimmee, FL

Suite, Apt. #, etc.

Orlando, FL

4. FEI Number

59-3632957

Applied For

Not Applicable

City & State

34746 Osceola

Country

USA

City & State

32822 Orlando, FL

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONATE, VICTOR
4107 EAGLE FEATHER DRIVE
ORLANDO FL 32829

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DONATE, VICTOR	
STREET ADDRESS	4107 EAGLE FEATHER DR.	
CITY-ST-ZIP	ORLANDO FL 32829	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLOT, AUDELIZ	
STREET ADDRESS	8445 BARNSTABLE PLACE	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, ROBERTO	
STREET ADDRESS	7619 HIGHMEADOW CIR.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELEZ, DANIEL SR.	
STREET ADDRESS	83 BERKSHIRE LANE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

Paid 4/23/01
check #573

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: **Daniel Velez SR** **Daniel Velez SR** **04/20/01** **(407) 321-1397**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #