

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90175 007 \*\*\*150.00

**DOCUMENT #** 000000049742

1. Entity Name  
**HERITAGE BUILDERS OF SOUTHWEST FLORIDA, INC.**  
**804 BAYSHORE DRIVE**  
**NOKOMIS, FL 34275**

Principal Place of Business  
**804 BAYSHORE DRIVE**  
**NOKOMIS, FL 34275**

Mailing Address  
**SAME**

C0057413

DO NOT WRITE IN THIS SPACE

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  
**65-1013897**

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	
<b>J. MIKE MONVILLE</b> <b>804 BAYSHORE DR</b> <b>NOKOMIS, FL 34275</b>		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  DATE **4/19/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

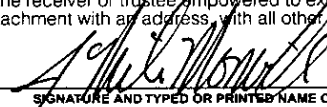
10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**PRESIDENT**  
**J. MIKE MONVILLE**  
**804 BAYSHORE DR.**  
**NOKOMIS, FL 34275**

**SECRETARY**  
**ANN P. MONVILLE**  
**804 BAYSHORE DR**  
**NOKOMIS, FL 34275**

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:  **J. MIKE MONVILLE** DATE **4/19/01** DAYTIME PHONE # **941-480-1823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)