

## 2001 UNIFORM BUSINESS REPORT

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90148 007 \*\*\*150.00

DOCUMENT # P00000058088

1. Entity Name  
**CULBRETH CUSTOM HOMES, INC.**

Principal Place of Business

6617 JOHN ALDEN WAY  
 ORLANDO FL 32868

Mailing Address

PO BOX 680725  
 ORLANDO FL 32868-0725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

5973659352

5. Certificate of Status Desired ☐

\$8.75 Ann  
 Fee Required

6. Name and Address of Current Registered Agent

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 re-stating)

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 Camp... ☐ ...ing  
 Trust Fund Cr... ☐

\$5.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**P. CULBRETH, DARRYL**  
**6617 JOHN ALDEN WAY**  
**ORLANDO FL 32868**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**S. CULBRETH, MICHELLE**  
**6617 JOHN ALDEN WAY**  
**ORLANDO FL 32868**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 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 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 on the report, 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

Darryl Culbreth

4/16/2001 (407) 512-3822

Culbreth Custom Homes, Inc.

Attachment  
Book SS94

On April 16, 2001 our office sent the UBR report for Culbreth Custom Homes, Inc. and Sani Pro Service, Inc. However we received a notice indicating that your office had not logged in these reports. We contacted your office and one of your representatives told us to submit a letter and resubmit our reports along with the fee of 150.00.

Thank you



Darryl Culbreth

President