

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90198 037 \*\*\*150.00

**DOCUMENT # P00000080446**

1. Entity Name  
**NEW HOME NETWORK DEVELOPMENT CORPORATION**

Principal Place of Business

PO BOX 100518  
 CAPE CORAL FL 33910

Mailing Address

PO BOX 100518  
 CAPE CORAL FL 33910

**00053364**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1540 SW 48TH TR.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CAPE CORAL FL**

City & State

4. FEI Number

**65-1043067**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33914**

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

**MILLER, JESSE**

**416 NE 16TH PL #1**

**CAPE CORAL FL 33909**

Name

**DANIEL C BRENNAN**

Street Address (P.O. Box Number is Not Acceptable)

**1118 LUCERNE AVE**

**CAPE CORAL**

City

**FL**

Zip Code

**33904**

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 **Daniel C Brennan**

**DANIEL C BRENNAN**

**5-9-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JESSE	
STREET ADDRESS	416 NE 16TH PL #1	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCROBERTS, JOHN	
STREET ADDRESS	138 SW 52ND TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEYERS, JOSEPH	
STREET ADDRESS	138 SW 52ND TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMEDES, JOHN	
STREET ADDRESS	1118 LUCERNE AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BRENNAN, DANIEL	
STREET ADDRESS	PO BOX 100518	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SOHRABI, CARRIE	
STREET ADDRESS	416 NE 16TH PL #1	
CITY-ST-ZIP	CAPE CORAL FL 33909	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 C Brennan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-9-01**

**(941) 945-7500**

Date

Daytime Phone #

CR2E034 (10/00)