

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90095 032 ***150.00

0413055
AV

DOCUMENT # P00000094236



1. Entity Name
E-HOMES TO GO, INC.

Principal Place of Business
**4226 NW 1ST PLACE
DEERFIELD BEACH FL 33442**

Mailing Address
**PO BOX 4217
DEERFIELD BEACH FL 33442**



2. Principal Place of Business
7125 Lake Island Dr
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 542020
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth FL.
Zip
33467 Country
USA

City & State
Lake Worth FL.
Zip
33467 Country
USA

4. FEI Number
65-1051511 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SZESNAT, JUDITH A
4226 NW 1ST PLACE
DEERFIELD BEACH FL 33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Judith A Szesnat** DATE **3/10/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SZESNAT, JUDITH	
STREET ADDRESS	4226 NW 1ST PLACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GLEBA, FRANCES	
STREET ADDRESS	4226 NW 1ST PLACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7125 Lake Island Dr	
STREET ADDRESS	Lake Worth, FL 33467	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7125 Lake Island Dr	
STREET ADDRESS	Lake Worth, FL 33467	
CITY-ST-ZIP	Lake Worth, FL 33467	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Judith A Szesnat** DATE **3/10/03** DAYTIME PHONE # **561-965-5744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)