

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2002 8:00 am
Secretary of State

05-23-2002 90058 033 ***150.00

DOCUMENT # P00000099211

1. Entity Name

CARIBBEAN CUSTOM HOMES, INC.

Principal Place of Business

1218 SE 47TH STREET
 302
 CAPE CORAL FL 33904

Mailing Address

2457 BRIDGE ROAD
 N FORT MYERS FL 33917

2. Principal Place of Business

2457 Bridge Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. Ft. Myers FL

City & State

Zip

33917

Country

USA

Country

4. FEI Number

65-1055391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FLINGS, INC.
 3732 N.W. 18TH STREET
 FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name **Jason M. McGillicuddy**
 Street Address (P.O. Box Number is Not Acceptable)
 2457 Bridge Rd.
 City **N. Ft. Myers** **FL** Zip Code **33917**

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

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

4/28/02
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCGILlicuddy, JASON 2457 BRIDGE ROAD N FORT MYERS FL 33917 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SODOMIRE, ROCCO 2457 BRIDGE ROAD N FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another fee empowered.

SIGNATURE: *Jason M. McGillicuddy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02
 Date

941-567-0056
 Daytime Phone #

CR2E034 (9/01)