

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-12-2003 90098 027 \*\*\*150.00  
P01000035841

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 17 AM 8:34

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DOCUMENT # **P01000035841**

1. Entity Name  
**MID FLORIDA HOME SALES, INC.**



Principal Place of Business  
**5413 RIDGEWOOD AVENUE  
PORT ORANGE FL 32127**

Mailing Address  
**5413 RIDGEWOOD AVENUE  
PORT ORANGE FL 32127**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**82-0587940**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOVENSKI, JON R  
5413 RIDGEWOOD AVENUE  
PORT ORANGE FL 32127**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PST NOVENSKI, JON R</b>	<b>5413 RIDGEWOOD AVENUE</b>	<b>PORT ORANGE FL 32127</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/03  
Date

(386) 290-8214  
Daytime Phone #

CR2E034 (4/03)

9/17/03

Attachment #

80147624

PO1000035841

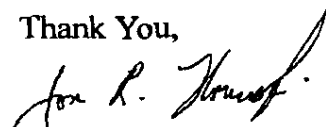
2/2

September 9, 2003

To Whom it may concern,

My Corporation was activated January 21, 2003. I did not receive the notice of the \$150 filing fee due by May 1<sup>st</sup>. I have enclosed a check for \$150. If you need more information from me you may contact me at (386)290-8214.

Thank You,



Jon R. Novenski