

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90164 021 ***550.00

DOCUMENT # P01000058653

1. Entity Name
ALTERNATIVE WAYS FOR HOUSING INC.

Principal Place of Business

~~822 SE 41ST ST.~~
CAPE CORAL FL 33904

Mailing Address

~~822 SE 41ST ST.~~
CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1830 SE 6 AVE
 Suite, Apt. #, etc.

3. Mailing Address

1830 SE 6 AVE
 Suite, Apt. #, etc.

City & State
CAPE CORAL FL

Zip
33990

Country
LEE

City & State
CAPE CORAL FL

Zip
33990

Country
LEE

4. FEI Number
65-1110190

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SIMONETTI, LOUIS
822 SE 41ST ST.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
LOUIS SIMONETTI
 Street Address (P.O. Box Number is Not Acceptable)
1830 SE 6 AVE
CAPE CORAL FL 33990

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 **Louis Simonetti**
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **SIMONETTI, LOUIS**
 STREET ADDRESS **822 SE 41ST ST.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
 NAME **SIMONETTI, JUDITH**
 STREET ADDRESS **822 SE 41ST ST.**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1830 SE 6 AVE**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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: **Louis Simonetti**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2395730408**
 Daytime Phone #

CR2E034 (4/02)