

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90087 035 \*\*\*150.00

0496975 AV

**DOCUMENT # P01000066992**

**1. Entity Name**  
**MTH INVESTMENTS, INC.**

**Principal Place of Business**      **Mailing Address**  
**5150 TAMiami TRAIL NORTH, STE. 200**      **5150 TAMiami TRAIL NORTH, STE. 200**  
**NAPLES FL 34103**      **NAPLES FL 34103**



**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3728546**

**Applied For**  
**Not Applicable**

Zip      Country

Zip      Country

**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**

**VINCENT, NORMA B ESQ.**  
**837 FIFTH AVE. SOUTH, STE. 203**  
**NAPLES FL 34102**

**Name**  
**VINCENT, NORMA B.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**3003 Tamiami Trail N.**  
**#300**

**City** **NAPLES**      **FL**      **Zip Code** **34103**

**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** *Norma Vincent*

**01-11-02**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D**      ☐ Delete  
**NAME** **LUKES, PETR**  
**STREET ADDRESS** **5150 TAMiami TRAIL NORTH, STE. 200**  
**CITY-ST-ZIP** **NAPLES FL 34103**

**TITLE** **PVT**      ☒ Change      ☐ Addition  
**NAME** **Lukes, Petr**  
**STREET ADDRESS** **5150 Tamiami Trail N. Ste 200**  
**CITY-ST-ZIP** **Naples, FL 34103**

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S**      ☐ Change      ☒ Addition  
**NAME** **Sobotova, Jana**  
**STREET ADDRESS** **5150 Tamiami Trail North, Ste. 200**  
**CITY-ST-ZIP** **Naples, FL 34103**

**TITLE**      ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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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:**

*Signature Jana Sobotova*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**01-17-02**      **941-6491661**

Date

Daytime Phone #

CR2E034 (9/01)