

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90025 005 ***150.00

DOCUMENT # P01000103687

1. Entity Name
FISHERMAN HOMES, INC.

Principal Place of Business

**2911 S.W. 39TH TERRACE
 CAPE CORAL FL 33914**

Mailing Address

**2911 S.W. 39TH TERRACE
 CAPE CORAL FL 33914**

2. Principal Place of Business

2715 SW 8th Court

Suite, Apt. #, etc.

Cape Coral FL

City & State

Zip
33914

Country
US

3. Mailing Address

2715 SW 8th Court

Suite, Apt. #, etc.

Cape Coral FL

City & State

Zip
33914

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1155844

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WROTEN, JR., MELVIN O
 2911 S.W. 39TH TERRACE
 CAPE CORAL FL 33914**

Name

Theodore Schave

Street Address (P.O. Box Number is Not Acceptable)

2715 SW 8th Court

City

Cape Coral

FL

Zip Code

33914

7. Name and Address of New Registered Agent

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 **Theodore Schave** **Theodore Schave** **3-28-02**

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

TITLE **DP** ☐ Delete
 NAME **SCHAVE, THEODORE**
 STREET ADDRESS **609 S.E. 14TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33990** **2715 SW 8th Ct Cape Coral 33914**

TITLE **DVST** ☐ Delete
 NAME **WROTEN, JR., MELVIN O**
 STREET ADDRESS **2911 S.W. 39TH TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 **DP** ☒ Change ☐ Addition
 NAME **Schave Theodore**
 STREET ADDRESS **2715 SW 8th Court**
 CITY-ST-ZIP **Cape Coral FL 33914**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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: **Theodore Schave**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 239-980-4415

Date

Daytime Phone #

CR2E034 (9/01)