

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90212 040 ***150.00

DOCUMENT # P01000107529

1. Entity Name
SIENNA HOMES, INC.

Principal Place of Business
18107 PEREGRINES PERCH PL.
SUITE 212
LUTZ FL 33558

Mailing Address
18107 PEREGRINES PERCH PL.
SUITE 212
LUTZ FL 33558



2. Principal Place of Business
18821 CHOPIN DR.
 Suite, Apt. #, etc.

3. Mailing Address
18821 CHOPIN DR.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUTZ, FL.
Zip
33558

City & State
LUTZ, FL.
Zip
33558

4. FEL Number
59-3754681

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONNELL, JAMIE S
18107 PEREGRINES PERCH PL.
SUITE 212
LUTZ FL 33558

7. Name and Address of New Registered Agent

Name
MCDONNELL, JAMIE S.
Street Address (P.O. Box Number is Not Acceptable)
18821 CHOPIN DR.
City **LUTZ** **FL** **Zip Code** **33558**

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 JAMIE S. MCDONNELL JAMIE MCDONNELL 4.8.02
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME MCDONNELL, JAMIE S	
STREET ADDRESS 18107 PEREGRINES PERCH PL., SUITE 212	
CITY-ST-ZIP LUTZ FL 33558	
TITLE VS	<input type="checkbox"/> Delete
NAME MCDONNELL, GLEN	
STREET ADDRESS 18107 PEREGRINES PERCH PL., SUITE 212	
CITY-ST-ZIP LUTZ FL 33558	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONNELL, JAMIE S.	
STREET ADDRESS 18821 CHOPIN DR.	
CITY-ST-ZIP LUTZ, FL. 33558	
TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONNELL, GLEN	
STREET ADDRESS 18821 CHOPIN DR.	
CITY-ST-ZIP LUTZ, FL. 33558	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: GLEN MCDONNELL 4.8.02 813.610.1867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)