## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P01000114322 **DOCUMENT #**

1. Entity Name

PARKVIEW HOMES REALTY, INC.



## **FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90123 023 \*\*\*150.00

,					N. WE					
Principal Place of Business 1700 MCMULLEN BOOTH ROAD C1 CLEARWATER FL 33759			Mailing Address 1700 MCMULLEN BOOTH ROAD C1 - CLEARWATER FL 33759			_ = 4		_ 3 <u>U</u>	โกกริยั	28
QLESHWATE!	( ) E 00/00 == 1		OLLANITATED TE 30733							
2. Principal	Place of Business		3. Mailing Address				1 <b>188</b> 0.   <b>00</b>    133 <b>2010</b>    11 <b>01</b> 1 <b>05</b>     <b>150</b>			
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES .			
City & Sta	ate	<del></del>	City & State			4. 1	4. FEI Number 02-0536099 Applied F			pplied For ot Applicable
Zip Country			Zip Country			5. (	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				
					Name		Tanio and Madreso of New He	giotorea A	90/11	٠,
	LLO, ROSS					Street Address (P.O. Box Number is Not Acceptable)				
4153 AHL	INGTON DRIVE									
Palm Ha	RBOR FL 34685		•							
					City			FL	Zip Cod	le
8. The above the obliga	e named entity sub tions of registered	mits this statement fo agent.	r the purpose of changing it	s registere	ed office or regis	stered age	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or prin	ted name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature requi	ired when re	instating)	DATE		
		<del></del>				1		Drite	<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					• ,		<ol><li>Election Campaign Final Trust Fund Contribution.</li></ol>			May Be to Fees
10.		OFFICERS AND	DIRECTORS	11.		ΔD	DITIONS/CHANGES TO OFFIC	EDC AND I	NECTOR	C IN +1
TITLE	PT	OTT TOETS / TITE		_			BITIONS/CHANGES TO OFFIC		_	
NAME		DOSS A	☐ Delete	TITLE	I .				☐ Change	☐ Addition
NAME PUZZITIELTO, ROSS A STREET ADDRESS 4153 ARLINGTON DR				NAME	TREET ADDRESS					}
CITY-ST-ZIP PALM HARBOR FL 34685				CITY-						•
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STREET ADDRESS	PUZZITIELLO, I 2727 SADDLE			NAME						!
CITY-ST-ZIP	PALM HARBOR	WOOD UN			ET ADDRESS					
	FALM HANDON	1 FL 34003		CIIY-	ST-ZIP					
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS				NAME	l I					
CITY-ST-ZIP					ET ADDRESS ST-ZIP					ĺ
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	<del> </del>	*****								
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NAME				NAME.	1					
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CITY: ST-Z <del>IP</del>				CITY=	St- ZIP	<del></del>	<del>-3</del>			:
TITLE			☐ Delete	TITLE				[	☐ Change	☐ Addition
NAME				NAME	1					
STREET ADDRESS	1			STREET ADDRES						
CITY-ST-ZIP	l .			CITY-	ST-ZIP					

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 bue 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR