

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **PO20000 247 24**

1. Entity Name

**SELECT HOMES OF AMERICA, INC**



03 OCT -9 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**30940 SUNEAGLE DRIVE**

3. Mailing Address  
**30940 SUNEAGLE DRIVE**

Suite, Apt. #, etc.  
**#101**

Suite, Apt. #, etc.  
**#101**

City & State  
**MOUNT DORA, FLORIDA**

City & State  
**MOUNT DORA, FLORIDA**

4. FEI Number  
**01-0616126**

Applied For  
Not Applicable

Zip  
**32757**

Country  
**USA**

Zip  
**32757**

Country  
**USA**

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**JOHN G. MICKUS**

Street Address (P.O. Box Number is Not Acceptable)  
**30940 SUNEAGLE DRIVE**

**SUITE 101**

City  
**MOUNT DORA**

**FL**

Zip Code  
**32757**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**10/09/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
JOHN G. MICKUS  
106 ROCK LAKE ROAD  
LONGWOOD, FLORIDA 32750**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**800023673918  
10/03/03--01074--007 \*\*150.00**

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/7/03**

**352-3850433**

**9/10/10**

CR2E034B (12/02)



October 7, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Analyst,

Enclosed please find our completed Annual Report with the fees.

Our original corporate address for filing was 310 W. Central Parkway, Altamonte Springs, FL.

We never were active at that location, and never received an annual report.

Our current physical address is:

30940 Suneagle Drive  
Suite 101  
Mount Dora, Florida 32757

We were applying for workman's compensation and they said our business is inactive, and that is what has thrown up the flag for this correspondence.

Sincerely,

A handwritten signature in black ink, appearing to be "John G. Mickus", written over a horizontal line.

John G. Mickus