

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90217 015 ***150.00

DOCUMENT # P02000040792

1. Entity Name
DEFINITELY ORLANDO HOMES MANAGEMENT & SERVICES, INC.



Principal Place of Business
6220 S. ORANGE BLOSSOM TRAIL
SUITE 161 - OFFICE #1
ORLANDO FL 32809

Mailing Address
7802 KINGSPONTE PARKWAY
205
ORLANDO FL 32819



2. Principal Place of Business

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

SUITE # 201-B

City & State

ORLANDO, FL

4. FEI Number

71-0888170

Applied For

Not Applicable

☒ **CHECK HERE IF MAKING CHANGES**

Zip

Country

32819

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEROTTI, CAROLINA
7802 KINGSPONTE PARKWAY
205
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

SAO SERVICES, INC

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

7802 KINGSPONTE PARKWAY

SUITE # 201-B

City

ORLANDO

FL

Zip Code

32819

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **DE LUCA, PASQUALE**
STREET ADDRESS **10513 DEMILO PLACE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE **V** ☐ **Delete**
NAME **GUERRIERO, RITA**
STREET ADDRESS **10513 DEMILO PLACE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

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

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

TITLE ☐ **Delete**
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STREET ADDRESS
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 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 Block 11 if changed, 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 #

CR2E034 (10/02)