

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90134 005 ***150.00

DOCUMENT # P02000042074

1. Entity Name

South Florida Home Investors Corp.

90047396

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12481 66TH STREET NORTH

3. Mailing Address

12481 66TH STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

03-0429668

Applied For

Not Applicable

Zip

33412

Country

USA

Zip

33412

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name

A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL

Zip Code
33131

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

Paul Smith

PAUL SMITH, VICE PRESIDENT

03-06-03

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	VPD WEBB, DEBORAH L 12481 66TH STREET NORTH WEST PALM BEACH FL 33412	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST WEBB, GREG 12481 66TH STREET NORTH WEST PALM BEACH FL 33412	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah L Webb* DEBORAH L WEBB, VPD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/03

407 312 3080

CR2E034B (12/01)