

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-17-2003 90459 034 ***150.00

DOCUMENT # P02000045613

1. Entity Name
FLORIDA RESIDENTIAL BUILDERS INC.



Principal Place of Business
165 SE 19TH STREET
CAPE CORAL FL 33990

Mailing Address
165 SE 19TH STREET
CAPE CORAL FL 33990

2. Principal Place of Business
CAPE CORAL
Suite, Apt. #, etc.

3. Mailing Address
165 SE. 19th ST.
Suite, Apt. #, etc.

City & State
CAPE CORAL FL
Zip
33990
Country
LEE

City & State
CAPE CORAL FL
Zip
33990
Country
LEE

4. FEI Number
71-0877566

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LABORDA, JOHN J
165 SE 19TH STREET
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
LABORDA, JOHN J ☐ Delete
STREET ADDRESS
165 SE 19TH STREET
CITY-ST-ZIP
CAPE CORAL FL 33990

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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
LABORDA

Date

Daytime Phone #

MARCH 19, 2003

(239) 633-2111

CR2F034 (10/02)