

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90114 045 ***150.00

0199189, AV

DOCUMENT # P02000048797

1. Entity Name
PREMIER HOMES OF SOUTH FLORIDA CORPORATION



Principal Place of Business
88888 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address
PO BOX 1464
TAVERNIER FL 33070

2. Principal Place of Business
175 Harrisburg St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7906
Suite, Apt. #, etc.



☒ **CHECK HERE IF MAKING CHANGES**

City & State
Port Charlotte, FL
Zip
33954

City & State
North Port, FL
Zip
34287

4. FEI Number
45-0476423

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORR, ROBERT K
88888 OVERSEAS HWY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name
Orr, Robert K
Street Address (P.O. Box Number is Not Acceptable)
175 Harrisburg St.
City
Port Charlotte **FL** **Zip Code**
33954

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-03

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
ORR, ROBERT K
STREET ADDRESS
88888 OVERSEAS HWY
CITY-ST-ZIP
TAVERNIER FL 33070

TITLE
P, D, S ☒ Change ☐ Addition
NAME
Orr, Robert K
STREET ADDRESS
175 Harrisburg St.
CITY-ST-ZIP
Port Charlotte, FL 33954

TITLE
T ☒ Delete
NAME
ORR, VALERIE
STREET ADDRESS
88888 OVERSEAS HWY
CITY-ST-ZIP
TAVERNIER FL 33070

TITLE
VP, D ☐ Change ☒ Addition
NAME
Burch, Jeffrey
STREET ADDRESS
175 Harrisburg St.
CITY-ST-ZIP
Port Charlotte, FL 33954

TITLE
VP, D ☐ Delete
NAME
Burch, Jeffrey
STREET ADDRESS
175 Harrisburg St.
CITY-ST-ZIP
Port Charlotte, FL 33954

TITLE
D ☐ Change ☒ Addition
NAME
Lodge, Robert
STREET ADDRESS
15400 N.W. 34 Ave.
CITY-ST-ZIP
Miami, FL 33054

TITLE
T ☐ Delete
NAME
Hopper, Will
STREET ADDRESS
15400 N.W. 34 Ave.
CITY-ST-ZIP
Miami, FL 33054

TITLE
T ☐ Change ☒ Addition
NAME
Hopper, Will
STREET ADDRESS
15400 N.W. 34 Ave.
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CITY-ST-ZIP
Miami, FL 33054

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

4-20-03

Date

Daytime Phone #

CR2E034 (10/02)