2003 FOR PROFIT CORPÓRATION UNIFORM BUSINESS REPORT (UBR

FILED Sep 02, 2003 8:00 am Secretary of State

8/1: 08-13-2003 90076 019 ***150.00 P02000076857 DOCUMENT # 1. Entity Name AZALEA HOME, INC. Principal Place of Business Mailing Address 55055410 10341 AZALEA DR 10341 AZALEA DR PORT RICHEY FL 34668 PORT RICHEY FL 34668 proprieta de la constitución de 2. Principal Place of Business 9029 Pakan ST 3. Mailing Address 10341 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 68-051 3674 City & State RICHE YORT RICHE Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Marrivic M. Tigles TIGLAD, MARIVIC M Street Address (P.O. Box Number is Not Acceptable) 10341 AZALEA DR **PORT RICHEY FL 34668** 1034 Trichec 3. 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. M Aponic (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign: Financing \$5.00 May Be After September 10, 2003 Fee will be \$750,00 Trust Fund Contribution. 🔭 🖳 🗆 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PREDDENT CR2E034 (4/03) TITLE ☐ Delete TITLE MARIVIC アプロレイロ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4666 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___Change __ _ Addition TITLE Delete NAME . . NAME. STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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,

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

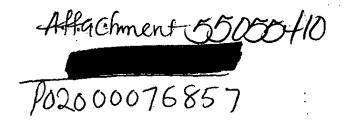
CITY-ST-ZIP

☐ Delete

Daytime Phone (

☐ Change

☐ Addition



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August 6, 2003				_
Fl Dept of State Tallahassee, FL		-	·	
Dear Sir/ Madam,	the state of the s	د هنديد . د مد	monaction of	. • •: .•
Enclosed is my check for \$150.00 and for the Azalea Home, Inc.	the 2003 Uniform	Business Report	t .	
We did not receive the original report as being mailed timely.	in April. Please acco	ept the second r	eport	
Sincerely;				<i>.</i>