

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90221 027 ***150.00

DOCUMENT # P02000111010

1. Entity Name
TARPON COAST HOMES INC.



Principal Place of Business
**9213 SAN BERNARDINO AVE
ENGLEWOOD FL 34224**

Mailing Address
**9213 SAN BERNARDINO AVE
ENGLEWOOD FL 34224**



2. Principal Place of Business

9213 SAN BERNARDINO AVE
Suite, Apt. #, etc.

3. Mailing Address

9213 SAN BERNARDINO AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ENGLEWOOD, FL

City & State

ENGLEWOOD FL

4. FEI Number

75-3084287

Applied For

Not Applicable

Zip

34224

Country

CHARLOTTE

Zip

34224

Country

CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOCK, DANNY A
9213 SAN BERNARDINO AVE
ENGLEWOOD FL 34224**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOCK, DANNY A**
CITY-ST-ZIP **9213 SAN BERNARDINO AVE
ENGLEWOOD FL 34224**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOCK, FLOY M**
CITY-ST-ZIP **9213 SAN BERNARDINO AVE
ENGLEWOOD FL 34224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

Date

941-350-6483

Daytime Phone #

CR2E034 (10/02)