

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90211 050 ***150.00

DOCUMENT # P93000009070

1. Entity Name
CUSTOM HOMES OF ROTONDA, INC.



Principal Place of Business
254 COUGAR WAY
ROTONDA WEST FL 33947
US

Mailing Address
P.O. BOX 185
PLACIDA FL 33946



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0387765**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT D. ITTERSAGEN ,
1861 PLACIDA RD., STE. 104
ENGLEWOOD FL 34223

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LUKE, DAVID E	
STREET ADDRESS	102 REBEL COURT	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LUKE, SHARON D	
STREET ADDRESS	102 REBEL COURT	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVID M. LUKE,	
STREET ADDRESS	167 KINGS DRIVE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE, David E.	address
STREET ADDRESS	105 GARLAND WAY	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKE, Sharon D.	address
STREET ADDRESS	105 Garland Way	
CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

941-698-1213

Date Daytime Phone #

CR2E034 (10/02)