

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029509

1. Entity Name

PRINCIPAL HOMES & DEVELOPMENT, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90062 017 \*\*\*150.00

Principal Place of Business

Mailing Address

226-5 SOLANA RD  
STE 166  
PONTE VEDRA EBACH FL 32082  
US

226-5 SOLANO RD  
STE 166  
PONTE VEDRA BEACH FL 32082  
US

2. Principal Place of Business

3. Mailing Address

226-5 SOLANO RD  
Suite, Apt. #, etc.  
PMB #166

226-5 SOLANO RD.  
Suite, Apt. #, etc.  
PMB #166

City & State  
PONTE VEDRA BEACH, FL

City & State  
PONTE VEDRA BEACH, FL

Zip  
32082

Country  
USA

Zip  
32082

Country  
USA

4. FEI Number 59-3178108

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALBORN, JAMES K. C.P.A.  
200 EXECUTIVE WAY  
PONTE VEDRA FL 32082

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
OLD, PETER  
355 NORTH ROSCOE BLVD  
PONTE VEDRA BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BOWMAN, DUNCAN  
2804 S. SECOND ST.  
JACKSONVILLE BCH. FL

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

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

13. 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 11 or Block 12 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

4/2/00

(904) 249-2717

Daytime Phone #

CR2E034 (9/99)