

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90106 033 ***150.00

DOCUMENT # P93000058001

1. Entity Name

DEJA HOMES, INC.

Principal Place of Business

1730 HUDSON ST
 ENGLEWOOD FL 34223
 US

Mailing Address

P.O. BOX 3966
 VENICE FL 34293-5112

2. Principal Place of Business

3. Mailing Address

4195 S. TAMALINI TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #174

City & State

City & State
 Venice FL

4. FEI Number

65-0432684

Applied For

Not Applicable

Zip

Country

Zip

Country

34293

USA

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

ROBERTS, GREGORY C
 KLINGBEIL & ROBERTS, P.A.
 341 VENICE AVE WEST
 VENICE FL 34285

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
 PTS
 MOUHOT, E. J
 1730 HUDSON ST
 ENGLEWOOD FL 34223

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MOUHOT, E. J.
 P.O. BOX 3966 N/A
 VENICE FL

☐ Delete

TITLE
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 CITY-ST-ZIP
 1730 Hudson St.
 Englewood FL 34223
☒ Change ☐ Addition

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 CITY-ST-ZIP
 V
 MOUHOT, DEBORAH L
 1730 HUDSON ST
 ENGLEWOOD FL 34223

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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

Date

Daytime Phone #

3/13/00

941-473-3100

CR2E034 (9/99)