

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

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02 FEB -7 AM 9:25

DOCUMENT # 093000058001

1. Entity Name
DEJA HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
745 C Shamrock Blvd

3. Mailing Address
PO Box 7069

01/02/02 01034 005 \$150.00
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Venice, FL 34293

City & State
North Port, FL 34287

4. FEI Number
65-0432684

Applied For
Not Applicable

Zip
34293

Country
USA

Zip
34287-0069

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Emile J. Mouhot
Street Address (P.O. Box Number is Not Acceptable)
1395 Bayshore Dr.
City
Englewood FL Zip Code
34223

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 *ES. Mouhot* **ES. Mouhot** 1-25-02
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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Mouhot, Emile J. 1395 Bayshore Dr Englewood, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mouhot, Emile JJ. 1395 Bayshore Dr Englewood, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mouhot, Deborah L. 1395 Bayshore Dr Englewood, FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *ES. Mouhot* **ES. Mouhot** 1-25-02 941-492-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

2 of 2

deja homes, inc.

PO Box 7069 • North Port, FL 34287-0069
941-492-4494 • FAX 941-492-4495

January 8, 2002

Florida Department of State
Attn: Barbara Mitchell, Document Specialist
PO Box 6327
Tallahassee, FL 32314

RE: P93000058001

To Whom It May Concern:

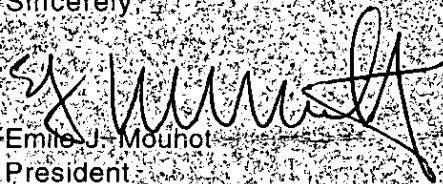
I am also writing to request the waiver of late fees because we never received the original Uniform Business Report for year 2001. The mailing address we had at the time will not forward or return to sender any of our mail.

On December 13, 2001, via Certified Mail, I submitted a completed blank form from your office and payment of \$758.75, with all the new information on it. Per my phone conversation of January 7, 2002, I learned that I could have requested the waiver of late fees.

At this writing, I am requesting a refund of \$450.00, which would be \$150 for 2001, \$8.75 for the Certificate of Status and \$150 towards 2002.

Thank you in advance for taking care of this matter for our office. Should you have any questions, please do not hesitate to contact our office.

Sincerely,



Emile J. Mouhot
President

EJM/dlm

Enclosures