2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400005969

1. Entity Name

COZY HOMES REALTY, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90015 017 ***150.00

						02-	-05-2000 90013) UI / ***	150.00	
Principal Place	e of Business	Mailing Address								
13759 LINDEN DR SPRING HILL FL 34609 US		13759 LINDEN DR SPRING HILL FL 34609-5023 US			-	t 1 00 00 0 01 10	C00172		1: 1:11 (1110 1 1	un a nam t ha t
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS S	PACE	•
City & State	e	City & State			4	I, FEI Number	59-3220594	•		pplied For
Zip Country		Zip Country		try	5	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7	. Name and A	ddress of New Re	gistered A	gent	
	· · · · · · · · · · · · · · · · · · ·	an illustration of the control of the		~Name>-	-	•	. س. ۱۰۰۰ عد		-	
	Fran, Penny L 59 Linden SDR	Street Address			ddress (P.O	(P.O. Box Number is Not Acceptable)				
SPRI	ING HILL FL 34609		City	City Zip Code						
				City				FL	Zip Code	
 -	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible	nd title if applicable. (NOTI			ure required whe		tion Campaign Fina	DATE		
Tax filing re	equirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str			50.00	1	tion Campaign Final Fund Contribution			May Be i to Fees
11,	OFFICERS AND I	DIRECTORS	12.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE -	PD	☐ Delete	TITL	E					Change	☐ Additio
NAME	SZAFRAN, PENNY L		NAM	-	ł					
STREET ADDRESS	10070 CASEY DR			ET ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL		CHY	-ST-ZIP						
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NAME	SZAFRAN, DANIEL A	÷	NAM							
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STREET ADDRESS	7359 TRADEWINDS LANE			ET ADDRESS	4398	QUINT	ara stre	£Τ		
CITY-ST-ZIP	SPRINGHILL FL 34608		CITY	-ST-ZIP	SPRIN	16 HILL	FL3460B			
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CITY-ST-ZIP				-ST-ZIP	Į					
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NAME	• •		NAM		,		44 6 44 4 4 4			
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CITY-ST-ZIP	<u> </u>			-ST-ZIP	<u> </u>			· .		
13. I hereby of indicated of the corchanged;	certify that the information supplied with on this report or suppliemental report is poration or the receiver or rusted empo or on an attachment with an address, v	this filing does not qualify for true and accurate and that re wered to execute this report with all other like empowered.	r the exe ny signa as requi	mption stat ture shall ha red by Cha	ted in Section ave the same opter 607, Fl	on 119.07(3)(i), ne legal effect a lorida Statutes;	, Florida Statutes. I as if made under or and that my name	further certath; that I are appears in	ify that the ir m an officer Block 11 or	iformation or director Block 12 if