

FOR 2002

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

05-21-2002 91115 011 \*\*\*300.00

P94000042077

FILED

02 JUN 19 PH 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042077

1. Entity Name

STEPHEN POOLE HOMES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4160 SHEPHERD RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MULBERRY, FL.

City & State

4. FEI Number

59-3257125

Applied For

Not Applicable

Zip

33860

Country

USA

Zip

Country

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

STEPHEN POOLE

Street Address (P.O. Box Number is Not Acceptable)

4160 SHEPHERD RD

City

MULBERRY

FL

Zip Code

33860

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRES/ TREASURER	STEPHEN POOLE	4160 SHEPHERD RD	MULBERRY, FL. 33860				
VP/ SECRETARY	MELODY POOLE	4160 SHEPHERD RD	MULBERRY, FL. 33860				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x) 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #