

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90077 047 ***150.00

DOCUMENT # P94000046648

1. Entity Name
TOUSSEL HOMES, INC.



Principal Place of Business
**400 VINEYARDS BLVD
NAPLES FL 34119
US**

Mailing Address
**6017 PINE RIDGE RD
255
NAPLES FL 34119
US**



2. Principal Place of Business

5405 Taylor Rd.

3. Mailing Address

5405 Taylor Rd.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

US

Zip

34109

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0506128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, ROBERT
98 VINEYARDS BLVD
NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

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

75 Vineyards Blvd.

City

Naples

FL

Zip Code

34119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
TOUSSEL, JOHN H. J
263 MONTEREY DR.
NAPLES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
PROCCACI, MARIA
263 MONTEREY DR
NAPLES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

239-254-4400

Daytime Phone #

CR2E034 (10/02)