

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072039

1. Entity Name

MASTERPIECE HOMES, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90007 005 ***150.00

Principal Place of Business

1495 S VOLUSIA AVE STE 202
ORANGE CITY FL 32774

Mailing Address

PO BOX 740917
ORANGE CITY FL 32774-0917

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3271971**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FITZSIMMONS, ROBERT J
1597 E MINNESOTA AVE
DELAND FL 32721

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 **P** ☐ Delete
NAME **FITZSIMMONS, ROBERT**
STREET ADDRESS **1112 E. UNIVERSITY AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☒ Additor
NAME **MAILING ADDRESS:**
STREET ADDRESS **PO BOX 212**
CITY-ST-ZIP **DELAND, FL. 32721**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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 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 #

ROBERT FITZSIMMONS

904-775-4137

1-17-00