

# 2000 UNIFORM BUSINESS REPORT (UBR)

0148637

**DOCUMENT # P94000092945**

1. Entity Name  
**PRACTICAL HOMES USA, INC.**

FILED  
00 NOV -1 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1616-102 CAPE CORAL PARKWAY STE. 228  
CAPE CORAL FL 33914

Mailing Address  
1616-102 CAPE CORAL PARKWAY STE. 228  
CAPE CORAL FL 33914

2. Principal Place of Business  
**1639 DEL PRADO BLVD**  
Suite, Apt. #, etc.  
**206**  
City & State  
**CAPE CORAL, FL**  
Zip  
**33904** Country  
**LEE**

3. Mailing Address  
**1616-102 CAPE CORAL PKWY.**  
Suite, Apt. #, etc.  
**228**  
City & State  
**CAPE CORAL**  
Zip  
**33914** Country  
**LEE**

DO NOT WRITE IN THIS SPACE  
**REINSTATEMENT**  
4. FEI Number **65-0544387**  
Not Applicable

6. Name and Address of Current Registered Agent  
**WOLF, KATHERINE**  
**1616-102 CAPE CORAL PARKWAY STE. 228**  
**CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent  
Name **KATHERINE WOLF**  
Street Address (P.O. Box Number is Not Acceptable)  
**1616-102 CAPE CORAL PKWY #228**  
City **CAPE CORAL** FL Zip Code **33914**

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 **Katherine Wolf, Katherine Wolf, President** DATE **10/30/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WOLF, KATHERINE</b>		NAME		
STREET ADDRESS	<b>1616-102 CAPE CORAL PARKWAY STE. 228</b>		STREET ADDRESS	<b>800003456078--1</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>		CITY-ST-ZIP	<b>-11/07/00--01119--022</b>	
				<b>****750.00 ****750.00</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURRAY, JOHN</b>		NAME		
STREET ADDRESS	<b>1616-102 CAPE CORAL PARKWAY STE. 228</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Katherine Wolf** DATE: **10/10/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
941-283-6003

CR2E034 (5/00)