

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90064 044 ***150.00

DOCUMENT # P94000092945

1. Entity Name
PRACTICAL HOMES USA, INC.

Principal Place of Business

1639 DEL PRADO BLVD
206
CAPE CORAL FL 33904

Mailing Address

1616-102 CAPE CORAL PKWY
228
CAPE CORAL FL 33914

2. Principal Place of Business

1639 DEL PRADO BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0544387

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

WOLF, KATHERINE

1616 - 102 CAPE CORAL PARKWAY

SUITE 228

CAPE CORAL FL 33914

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 *KATHERINE A. WOLF, President Katherine A. Wolf* **DATE** *1/7/02*

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, 2002 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	D <input type="checkbox"/> Delete
NAME	WOLF, KATHERINE
STREET ADDRESS	1616-102 CAPE CORAL PARKWAY STE. 228
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	MURRAY, JOHN
STREET ADDRESS	1616-102 CAPE CORAL PARKWAY STE. 228
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Katherine A. Wolf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 941-573-8003
DATE **DAYTIME PHONE #**

CR2E034 (9/01)