2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P95000013039 1. Entity Name 04-09-2002 90055 043 ***150.00 MALLE HOMES, INC. Principal Place of Business Mailing Address 2200 BLACKWOOD DRIVE 2200 BLACKWOOD DRIVE VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0155622 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name MALLE, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 2200 BLACKWOOD DRIVE VENICE FX34293 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Treasure CR2E034 (9/01) X Addition TITLE □ Delete TITLE Malle, Merieta A. NAME MALLE, ROBERT E NAME 2200 Blackwood Drive STREET ADDRESS 2200 BLACKWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 Venice,FL 34293 TITLE ☐ Delete TITLE ☐ Change ☐ Addition VPSD NAME MALLE, SR, ROBERT R NAME STREET ADDRESS STREET ADDRESS 31 COCONUT AVENUE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE _ __ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete ☐ Addition TITLE 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 in changed, or on an attachment with an address, with all other like empowered.