

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90123 044 ***150.00

DOCUMENT # P95000039732

1. Entity Name
POINCIANA REALTY & CONSTRUCTION, INC.

Principal Place of Business
316 N BERMUDA AVE STE 13
KISSIMMEE FL 34741

Mailing Address
3500 WOODBARRY CT
KISSIMMEE FL 34746
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3315538

Applied For
 Not Applicable

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

~~COUCH, DAVID~~
~~3500 WOODBARRY CT~~
~~KISSIMMEE FL 34746~~

Name **DAVID E. COUCH JR**
 Street Address (P.O. Box Number is Not Acceptable)
631 MESILLA DR
 City **KISSIMMEE** FL Zip Code **34758**

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 

DATE **4-15-02**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **COUCH, DAVID**
 STREET ADDRESS **3500 WOODBARRY CT**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **D** ☒ Change ☐ Addition
 NAME **DAVID E. COUCH JR**
 STREET ADDRESS **631 MESILLA DR**
 CITY-ST-ZIP **KISSIMMEE, FL 34758**

TITLE **D** ☒ Delete
 NAME **COUCH, HEIDI**
 STREET ADDRESS **3500 WOODBARRY CT**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)