

2001 UNIFORM BUSINESS REPORT (UBR)

Certif

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90037 022 ***150.00

DOCUMENT # P95000056441

1. Entity Name

WATERSIDE CUSTOM HOMES OF SOUTHWEST FLORIDA, INC

Principal Place of Business

**3013 DEL PRADO BOULEVARD
SUITE 3
CAPE CORAL FL 33904
US**

Mailing Address

**P.O. BOX 834
CAPE CORAL FL 33910
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 100834

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, Florida

4. FEI Number

65-0605084

Applied For

Not Applicable

Zip

Country

Zip

Country

33910

US

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

**ZLOBL, ROBERT S
3013 DEL PRADO BOULEVARD
SUITE 3
CAPE CORAL FL 33904**

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, 2001 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 **PSTD** ☐ Delete
NAME **ZLOBL, ROBERT S**
STREET ADDRESS **3013 DEL PRADO BOULEVARD, SUITE 3**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **VD** ☐ Delete
NAME **ZLOBL, TRACYE L**
STREET ADDRESS **3013 DEL PRADO BOULEVARD, SUITE 3**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Zlobl, Tracye L.**
STREET ADDRESS **3013 Del Prado Boulevard, Suite 3**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **VP** ☒ Delete
NAME **FERREIRA, FRANK**
STREET ADDRESS **3013 DEL PRADO BLVD. #3**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

Robert S. Zlobl, President

2-6-01

Date

(941)945-3300

Daytime Phone #

CR2E034 (10/00)