

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093848

1. Entity Name

BRENTWOOD CUSTOM HOMES, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90033 049 ***150.00

0041354

Principal Place of Business

402 S NORTHLAKE BLVD
SUITE 1020
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

402 S. NORTHLAKE BLVD.
SUITE 1020
ALTAMONTE SPRINGS FL 32701
US

C0021452



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3346173**

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

ESTES, THEODORE D
28 W CENTRAL BLVD, SUITE 260
SUITE 500
ORLANDO FL 32801

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	PD	<input type="checkbox"/> Delete
NAME	PIZZICA, FRANK J JR	
STREET ADDRESS	3473 OAK KNOLL POINT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PIZZICA, LINDA G	
STREET ADDRESS	3473 OAK KNOLL POINT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUMMERALL, CYNTHIA	
STREET ADDRESS	3472 OAK KNOLL POINT	
CITY-ST-ZIP	LAKE MARY FL 32746	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRING, MARK C	
STREET ADDRESS	789 PRESERVE TERRACE	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPPIN, PAMELA A.	
STREET ADDRESS	4531 PLYMOUTH SORRENTO ROAD	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Pizzica Jr.

2/12/01

Date

407-332-0900 x12

Daytime Phone #

CR2E034 (10/00)