

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90001 021 ***150.00

DOCUMENT # P95000094262

1. Entity Name
FLORAHOME PROPERTIES, INC.

Principal Place of Business
~~2682~~ **SUNSET POINT RD.**
CLEARWATER FL 33759
US

Mailing Address
P.O. BOX 2069
PALM HARBOUR FL 34682-2069
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2689 Sunset Point Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

4. FEI Number

59-3358410

Applied For

Not Applicable

Zip
33759

Country

USA

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

STOUT, RICHARD R
3400 ARCADIA DRIVE
PALM HARBOR FL 34684

Name **Stout, Richard R.**

Street Address (P.O. Box Number is Not Acceptable)
4940 Sunset Blvd

City **Port Richey** **FL** Zip Code **34668**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-02
 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, 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** ☐ Delete
 NAME **RAMSEY, GARLAND**
 STREET ADDRESS **155 GARLAND CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **D** ☐ Delete
 NAME **STOUT, RICHARD R**
 STREET ADDRESS **3400 ARCADIA DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4940 Sunset Blvd.**
 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 941-224-9156
 Date Daytime Phone #

CR2E034 (9/01)