

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001397

1. Entity Name

COMMUNITY HOME MORTGAGE LOANS & INVESTMENTS, INC

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90142 016 ***150.00

Principal Place of Business

Mailing Address

~~2806 TAMiami TRAIL SUITE 0~~ 22079 Kumble Ave
PORT CHARLOTTE FL 33952

~~2806 TAMiami TRAIL SUITE 0~~ PO Box 2481
PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

22079 Kumble Ave
Suite, Apt. #, etc.

PO Box 2481
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Port Charlotte FL

Port Charlotte FL

4. FEI Number 65-0630101

Applied For

Not Applicable

Zip

Country

Zip

Country

33952

Charlotte

33949

Charlotte

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

SIKORSKI, MICHAEL J
1048 HARBOUR DRAKE DR
PUNTA GORDA FL 33983

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
SIKORSKI, BECKY P
1048 HARBOR DRAKE DR
PUNTA GORDA FL 33983 ☐ Delete

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

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☐ 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:

BECKY SIKORSKI

Date

Daytime Phone #

4/24/01 941-744-8228

CR2E034 (10/00)