

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90167 015 ***150.00

DOCUMENT # P96000001397

1. Entity Name

COMMUNITY HOME MORTGAGE LOANS & INVESTMENTS, INC

Principal Place of Business

**22079 KIMBLE AVE
 PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX ~~2481~~ 494388
 PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

P.O. Box 494388

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

4. FEI Number

65-0630101

Applied For

Not Applicable

Zip

Country

Zip

Country

33949

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, 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
 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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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

94-764-8228

Date

Daytime Phone #

CR2E034 (9/01)