

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062430

1. Entity Name

NEW HOMES SPECIALIST OF TAMPA, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90067 015 ***158.75

Principal Place of Business

Mailing Address

~~1004 LAKEMONT DRIVE~~
VALRICO FL 33594

~~1004 LAKEMONT DRIVE~~
VALRICO FL 33594-6356

2. Principal Place of Business

3. Mailing Address

3730 Hollow Wood DR

3730 Hollow Wood DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VALRI CO,

VALRI CO,

City & State

City & State

FL

FL

Zip

Zip

33594

33594

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORENSEN, JOANN
~~1004 LAKEMONT~~
~~SUITE 609~~
VALRICO FL 33594

Name

JOANN SORENSEN

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

3730 Hollow Wood DR

VALRI CO,

City

FL

Zip Code

33594

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

JOANN SORENSEN, Joann Sorensen 1/5/2000

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, 2000 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
PSTR
SORENSEN, JOANN
1004 LAKEMONT DR
VALRICO FL 33594 ☐ Delete

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

TITLE
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STREET ADDRESS
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TITLE
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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

JOANN SORENSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000

Date

Daytime Phone #

(813) 681-6535

CR2F034 (9/99)