2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000076155 Jan 19, 2000 8:00 am Secretary of State 1. Entity Name CORINTHIAN CUSTOM HOMES, INC. 01-19-2000 90253 004 ***150.00 Principal Place of Business Mailing Address 3611 W SWANN AVE 3611 W SWANN AVE **STE 100 STE 100 TAMPA FL 33609** TAMPA FL 33809-4515 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3405202 Not Applicable Zip Country Country \$8.75 Additional 33609-4517 П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCLAIN, WAYNE A Street Address (P.O. Box Number is Not Acceptable) 3611 WEST SWANN AVENUE SUITE 100 TAMPA FL 33609 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE MCCLAIN, WAYNE A NAME NAME STREET ADDRESS 3611 WEST SWANN AVENUE, STE. 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - - ☐ Addition --- 🗀 Delete TITLE TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director te this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or supplemental repo of the corporation or the changed, or on an atter