

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5/13

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-13-2002 90146 020 ***158.75

DOCUMENT # **P 96000097249 (2)**

1. Entity Name

FIDELITY HOMES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1460 S.W. 20 ST

Suite, Apt. #, etc.

BOCA RATON FL

City & State

3. Mailing Address

1460 S.W. 20 ST

Suite, Apt. #, etc.

P.O. Box 39

City & State

BOCA RATON FL

Zip

33486

Country

USA

Zip

33429

Country

USA

4. FEI Number

65-0721279

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JEFFREY S. SCHOGN FELDT

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

1460 S.W. 20th ST

City

BOCA RATON

FL

Zip Code

33486

**DO NOT WRITE
IN THIS SPACE**

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

Jeffrey S. Schogndfeldt

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PT. 5
SCHOGN FELDT, JEFFREY S
(P.O. Box 39) 1460 S.W. 20 ST
BOCA RATON, FL 33429**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

SIGNATURE:

Jeffrey S. Schogndfeldt

President

4/23/02

561-391-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)