

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91394 010 ***150.00

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DOCUMENT # P96000097724

1. Entity Name

P.G.I. HOMES, INC.

Principal Place of Business

**1009 CAZENOVIA STREET
 PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX 2605
 PORT CHARLOTTE FL 33952
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Jack O. Hackett II

Suite, Apt. #, etc.

99 Nesbit Street

City & State

Punta Gorda, FL

Zip

33950

Country

4. FEI Number

65-0716235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FARHAT, TIMOTHY J
 1009 CAZENOVIA STREET
 PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name
HACKETT, JACK O. II

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

City
Punta Gorda

FL

Zip Code
33950

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

3/20/02

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

TITLE
PSTD
 NAME
FARHAT, TIMOTHY J
 STREET ADDRESS
1009 CAZENOVIA STREET
 CITY-ST-ZIP
PORT CHARLOTTE FL 33952

☐ Delete

TITLE
VP
 NAME
DUANE SCOTT MOORE
 STREET ADDRESS
496 FLETCHER ST
 CITY-ST-ZIP
PORT CHARLOTTE FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

941-627-2123

Date

Daytime Phone #

CR2E034 (9/01)