

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90107 030 ***150.00

DOCUMENT # P96000099489

1. Entity Name
PRIME TIME BUILDERS, INC.



Principal Place of Business
**9034 COCHISE
PORT RICHEY FL 34668**

Mailing Address
**PO BOX 7208
HUDSON FL 34674
US**

20003970



2. Principal Place of Business

6719 Driftwood Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL.

City & State

4. FEI Number **59-3413366**

Applied For

Not Applicable

Zip

Country

34667

USA

Zip

Country

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

STEINHOFF, JAMES

9034 COCHISE

PORT RICHEY FL 34668

6719 Driftwood Dr.

HUDSON FL 34667

Name

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

6719 Driftwood Dr.

City

HUDSON

FL

Zip Code

34667

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Steinhoff **JAMIE STEINHOFF vice president 1/12/03**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STEINHOFF, JAMES**
STREET ADDRESS **9034 COCHISE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME **6719 Driftwood Dr.**
STREET ADDRESS **HUDSON, FL. 34667**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STEINHOFF, JAMIE**
STREET ADDRESS **9034 COCHISE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME **6719 Driftwood Dr.**
STREET ADDRESS **HUDSON FL. 34667**
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMIE STEINHOFF **JAMIE STEINHOFF vice president 1/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 869-7573

CR2E034 (10/02)