

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90089 007 ***150.00

0388179

DOCUMENT # P97000000979

1. Entity Name

SOUTHWEST FLORIDA DREAM HOMES, INC.

Principal Place of Business

**326 SE 31ST TERRACE
CAPE CORAL FL 33904**

Mailing Address

**326 SE 31ST TERRACE
CAPE CORAL FL 33904**

DUU2004J

2. Principal Place of Business

5417 SW 25th CT

3. Mailing Address

5417 SW 25th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0719588

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

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

**RICCIANI, RICHARD R
6371-4 PRESIDENTIAL COURT
FT. MYERS FL 33919**

Name

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

City

FL

Zip Code

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

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **HAHUES, HANS PETER**
CITY-ST-ZIP **326 SE 32ST TERRACE
CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5417 SW 25th Ct.**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAHUES, MONIKA**
CITY-ST-ZIP **326 SE 31ST TERRACE
CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5417 SW 25th CT**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)