

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90059 041 ***150.00

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DOCUMENT # P97000000979			
1. Entity Name SOUTHWEST FLORIDA DREAM HOMES, INC.			
Principal Place of Business 5417 SW 25TH COURT CAPE CORAL FL 33914		Mailing Address 5417 SW 25TH COURT CAPE CORAL FL 33914	
2. Principal Place of Business 3032 SW 22nd Place		3. Mailing Address 3032 SW 22nd Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State Cape Coral, FL	
Zip 33914	Country USA	Zip 33914	Country USA
6. Name and Address of Current Registered Agent RICCIANI, RICHARD R 63714 PRESIDENTIAL COURT FT. MYERS FL 33919		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHUES, HANS PETER 5417 SW 25TH COURT CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3032 SW 22nd Place Cape Coral, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHUES, MONIKA 5417 SW 25TH COURT CAPE CORAL FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3032 SW 22nd Place Cape Coral, FL 33914
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

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: *Monika Hahues* **3-28-02** **239-549 0191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #