

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007302

1. Entity Name
WESTPORT CUSTOM HOMES, INC.

FILED

01 NOV -6 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
183 COCOHATCHEE STREET
NAPLES FL 34110

Mailing Address
183 COCOHATCHEE STREET
NAPLES FL 34110

2. Principal Place of Business
9240 BONITA BEACH RD
Suite, Apt. #, etc.
SUITE 1117
City & State
BONITA SPRINGS, FL

3. Mailing Address
9240 BONITA BEACH RD
Suite, Apt. #, etc.
SUITE 1117
City & State
BONITA SPRINGS, FL

Zip
34135
Country
USA

Zip
34135
Country
USA



4. FEI Number 59-3430504
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMER-BOLING, DAWN
183 COCOHATCHEE STREET
NAPLES FL 34110

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
ST
ZIMMER-BOLING, DAWN
STREET ADDRESS
183 COCOHATCHEE ST.
CITY-ST-ZIP
NAPLES FL 34110 ☐ Delete

TITLE
NAME
P
BOLING, STEPHEN
STREET ADDRESS
183 COCOHATCHEE ST.
CITY-ST-ZIP
NAPLES FL 34110 ☐ Delete

TITLE
NAME
VP.
PAUL, RONALD
STREET ADDRESS
7933 MICHIGAN ST.
CITY-ST-ZIP
BONITA SPRINGS, FL 33923 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)