

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 90560 018 ***150.00

DOCUMENT # P97000007358

1. Entity Name

NEIGHBORHOOD HOMES OF TAMPA BAY, INC.

Principal Place of Business

**1003 SOUTH CLARK AVENUE
 TAMPA FL 33629-4902**

Mailing Address

**1003 SOUTH CLARK AVENUE
 TAMPA FL 33629-4902**

2. Principal Place of Business

17119 DOWNS DR.

3. Mailing Address

17119 DOWNS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FLORIDA

City & State

ODESSA, FLORIDA

Zip

33556

Country

Zip

33556

Country

4. FEI Number

59-3433270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PILLEY, JOHN D

~~**1003 SOUTH CLARK AVENUE
 TAMPA FL 33629-4902**~~

ADDRESS CHANGE

7. Name and Address of New Registered Agent

Name

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

17119 DOWNS DRIVE

City **ODESSA**

FL

Zip Code

33556

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

John D. Pilley

4/30/02

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 **PD** ☐ Delete
 NAME **PILLEY, JOHN D**
 STREET ADDRESS ~~**1003 SOUTH CLARK AVENUE**~~
 CITY-ST-ZIP ~~**TAMPA FL 33629-4902**~~

TITLE **STD** ☐ Delete
 NAME **PILLEY, MARJORY M**
 STREET ADDRESS ~~**1003 SOUTH CLARK AVENUE**~~
 CITY-ST-ZIP ~~**TAMPA FL 33629-4902**~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **17119 DOWNS DR.**
 CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **17119 DOWNS DR.**
 CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

John D. Pilley **JOHN D. PILLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(813) 635-0622

Daytime Phone #

CR2E034 (9/01)