

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 035 ***150.00

DOCUMENT # 197000067078

1. Entity Name

SHELOY HOMES AT HERON BAY SEVEN, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2825 UNIVERSITY DRIVE

3. Mailing Address

2825 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

650772859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ERIC A SIMON

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

2825 UNIVERSITY DR

STE 300

City

CORAL SPRINGS

FL

Zip Code

33065

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 reinstalling)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	<i>DP</i>
NAME	<i>ROBERT SHELLEY</i>
STREET ADDRESS	<i>2825 UNIVERSITY DR, STE 300</i>
CITY - ST - ZIP	<i>CORAL SPRINGS, FL 33065</i>
TITLE	<i>DVST</i>
NAME	<i>ERIC A SIMON</i>
STREET ADDRESS	<i>2825 UNIVERSITY DRIVE, STE 300</i>
CITY - ST - ZIP	<i>CORAL SPRINGS, FL 33065</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ERIC A SIMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

954-757-9300

CR2E034B (12/01)