

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000073388**

1. Entity Name

LARRY MONACO HOMES, INC.



Principal Place of Business

**4411 BEE RIDGE RD. SUITE 447
SARASOTA FL 34233**

Mailing Address

**4411 BEE RIDGE RD. SUITE 447
SARASOTA FL 34233**

2. Principal Place of Business

2051 Old Trenton Ln.

3. Mailing Address

Suite, Apt. #, etc.

u/a

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Zip

34232

Country

USA

Zip

Country

4. FEI Number

65-0775150

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONACO, LAWRENCE
4446 GOLDEN LAKE DR.
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name

Tamera Smalley

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

2051 Old Trenton Ln.

City **Sarasota**

FL **34232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Tamera Smalley**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONACO, LAWRENCE		NAME	
STREET ADDRESS	4411 BEE RIDGE RD, SUITE 447		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLEY, TAMMY		NAME	
STREET ADDRESS	4411 BEE RIDGE RD, SUITE 447		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONACO, GAIL A		NAME	
STREET ADDRESS	4411 BEE RIDGE RD, SUITE 447		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tamera Smalley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 941-924-9004

Date

Daytime Phone #