

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000073828

1. Entity Name

CENTRAL FLORIDA HOME SALES, INC.

**FILED****Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90007 042 \*\*\*150.00

Principal Place of Business	Mailing Address
P.O. BOX 511958 PUNTA GORDA FL 33951	P.O. BOX 511958 PUNTA GORDA FL 33951-1958

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0777819	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COX, WILLIAM T 5601 DUNCAN RD., LOT 100 PUNTA GORDA FL 33982	Name COX, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 27110 JONES LOOP RD #284 City PUNTA GORDA FL Zip Code 33982

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 William T. Cox DATE 2/22/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2000 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: William T. Cox DATE 2/22/00 DAYTIME PHONE # 941-575-6220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/99)