

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90229 049 ***150.00

DOCUMENT # P97000083623

1. Entity Name
SUMMERWIND HOMES, INC.



Principal Place of Business
**4065 N. LECANTO HWY., STE 500
BEVERLY HILLS FL 34465
US**

Mailing Address
**4065 N. LECANTO HWY., STE 500
BEVERLY HILLS FL 34465
US**

10040001



2. Principal Place of Business

4067 N. Lecanto Hwy
Suite, Apt. #, etc.

3. Mailing Address

4067 N. Lecanto Hwy
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Beverly Hills FL

City & State

Beverly Hills FL

4. FEI Number **65-0789699**

Applied For

Not Applicable

Zip
34465

Country
USA

Zip
34465

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HADLEY, JUDITH S

**4065 N. LECANTO HWY., STE 500 4067 N. LECANTO HWY
BEVERLY HILLS FL 34465**

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

SIGNATURE **Judith S. Hadley, Vice Pres.**

3-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** ☐ Delete
NAME **UCCI, BASIL**
STREET ADDRESS **15 FIDDLEWOOD COURT**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **VPST** ☐ Delete
NAME **HADLEY, JUDITH S**
STREET ADDRESS **3229 S. JEAN AVE**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

JUDITH S. HADLEY **3-20-03** **352-527-8035**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)