2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9800008838 1. Entity Name				FILED Feb 11, 2000 8:00 am	
DENNIS	O'KEY AFFORDABLE HOME	S, INC.	- E	Secretary (of State
Principal Plac	e of Business	Mailing Address		02-11-2000 90036 0	07 ***130.00
-5990 S.W. 11TH CAPE CORAL F	L 33914	5990 S.W. 117H COURT CAPE CORAL FL 33914-7023 129 SW 13 Terr	ræë		
129 5	w 13 Terract	Cape Conal	Fi 33791	1 (B RH) BB(HO (B) BB(HO)) BB(H)	YKA adi an tahan manga angan kalih madi
2. Principal P	Apr. Great Pt 33911 lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	129 Sw . Suite, Apt. #, etc.	13 territer	DO NOT WRITE IN T	HIS SPACE
City & Stat	CAPE CONAL PL	City & State Cape Caral	FL	4. FEI Number 65-0809358	Applied For Not Applicable
Zip 339	Q1 Country U-S	Zip 2.760.	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
257	6. Name and Address of Current	Registered Agent	<u></u>	.) . 7. Name and Address of New Registe	•
			Name		
O'KEY, DENNIS 5000 S.W. 11TH COURT 129 SW 13 TERRACE CAPE CORAL FL 30014 CAPE CORAL PL			Street Addres	ss (P.O. Box Number is Not Acceptable)	
	E CORAL FL - 38914 CAPE	LCORAL PL	į		
	·	3 3 98/	City		FL Zip Code
8 The above	named entity submits this statement fo	r the purpose of changing its re	aistered office or reals	stered agent, or both, in the State of Florida.	- — ₁
C. THE ADOVE	Trained only dubinio the diatoriorate	, the purpose of oliveringing he is	3		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating) D	ATE
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	1	FEE IS \$150.00 Fee will be \$550.0 to Department of \$	State	☐ Added to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	D O'KEY, DENNIS	29 SW Delete	TITLE NAME		Change Addition
STREET ADDRESS		ape Corol A 33791	STREET ADDRESS CITY-ST-ZIP		
TITLE	CAPE COUNT LE 20214	☐ Delete	TITLE	 .	☐ Change ☐ Addition
NAME			NAME CTREET LIBROSERS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
indiantad	l on this report or supplemental report is	true and accurate and that my	r signature shall have t	n Section 119.07(3)(i), Fiorida Statutes. I furthe the same legal effect as if made under oath; th 607, Florida Statutes; and that my name appe	har i am an officer of director