

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050605

1. Entity Name

CUSTOM HOMES ESTATES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90010 001 ***150.00

05-10-2000 90010 002 *****8.75

Principal Place of Business

Mailing Address

6604 37th St E.
Ellenton, FL 34222

6312 US Hwy 301 PMB #396
Ellenton, Florida 34222

2. Principal Place of Business

3. Mailing Address

6604 37th St E.
Ellenton, FL 34222

6312 US HWY 301 N. PMB #396
ELLENTON, FLORIDA 34222



DO NOT WRITE IN THIS SPACE

El Number

65-0841224

Applied For

Not Applicable

Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESENBERG, TREY

~~8466 N LOCKWOOD RIDGE RD, SUITE 300~~
~~SARASOTA FL 34243~~

Trey Desenberg

6604 37th St E.
Ellenton, FL 34222

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.

SIGNATURE

Trey Desenberg, Registered agent *Trey Desenberg, Registered agent* *4/25/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESENBERG, TREY 8466 N LOCKWOOD RIDGE RD, SUITE 300 SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. President, Sec. Treas. Trey Desenberg 6312 US Hwy 301 PMB #396 Ellenton, Florida 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. SELITTO, RICHARD 6312 US Hwy 301 PMB #396 Ellenton, Florida 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MILFORD M. DESENBERG 6312 US Hwy 301 PMB #396 Ellenton, Florida 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

941-755-3000
Daytime Phone #

CR2E034 (9/99)