

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90001 008 \*\*\*158.75

**DOCUMENT # P98000050605**

1. Entity Name  
**CUSTOM HOMES ESTATES, INC.**

Principal Place of Business Mailing Address  
**6604 37TH ST E 6312 US HWY 301 N. PMB #396**  
**ELLENTON FL 34222 ELLENTON FL 34222**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0841224** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DESENBERG, TREY**  
**6604 37TH ST E**  
**ELLENTON FL 34222**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6312 US HWY 301 N. PMB 396**  
 City **ELLENTON** FL Zip Code **34222**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 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, 2002 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DESENBERG, TREY</b>
STREET ADDRESS	<b>6312 US HWY 301 PMB #396</b>
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SELITTO, RICHARD</b>
STREET ADDRESS	<b>6312 US HWY 301 PMB #396</b>
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>DESENBERG, MILFORD M</b>
STREET ADDRESS	<b>6312 US HWY 301 PMB #396</b>
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Director &amp; President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THEODORE TURNER</b>
STREET ADDRESS	<b>6312 US HWY 301 N. PMB #396</b>
CITY-ST-ZIP	<b>ELLENTON FL 34222</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date \_\_\_\_\_ Daytime Phone # **941-721-7999**

CR2E034 (9/01)