

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90029 004 ***150.00

911248

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000053861

1. Entity Name

HAGEN HOMES, INC.

Principal Place of Business

**1335 MYRTLE DRIVE
LONGWOOD FL 32750
US**

Mailing Address

**1335 MYRTLE DRIVE
LONGWOOD FL 32750
US**

2. Principal Place of Business

636 N. RIO GRANDE AVE.

Suite, Apt. #, etc.

3. Mailing Address

636 N. RIO GRANDE AVE.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3517326

Applied For

Not Applicable

Zip

32806

Country

ORANGE

Zip

32806

Country

ORANGE5. 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

**HAGEN, DEBORAH D
1335 MYRTLE DRIVE
LONGWOOD FL 32750**

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.

SIGNATURE

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D HAGEN, DEBORAH D 1335 MYRTLE DRIVE LONGWOOD FL 32750	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
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	<input type="checkbox"/>		<input type="checkbox"/>
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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:

D. Hagen Deborah D. Hagen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01-24-01**

Date

Daytime Phone #

407-835-9633

CR2E034 (10/00)