## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ad

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## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000056179 TRADITION HOMES, INC. 04-11-2001 90075 042 \*\*\*150.00 Principal Place of Business Mailing Address 12350 S BELCHER RD 12350 S BELCHER RD 13A 740158 LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3531159 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEE SORENSON, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 12350 S BELCHER RD #13A **LARGO FL 33773** Zip Code City 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 (NOTE, Registered Acent signature required when reinstating) Signature, typed or printed name of registered agent and title if approache. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE Change Addition TITLE ☐ Delete JOHNSON, TODD NAME NAME 728-79TH CIRCLE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ST. PETERSBURG FL 33707 TITLE Delete MULÉ ☐ Change Addition | SORENSON, CHRISTOPHER L NAME NAME 7327 3RD AVE SOUTH STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33707 Delete ☐ Chance Addit on TITLE CROWLEY, LAWRENCE R NAME STREET ADDRESS 1415 COREY WAY S STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33707 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-SY-ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 eath; 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

er like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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