

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 027 ***150.00

DOCUMENT # P98000090804

1. Entity Name
LUXOR HOMES, INC.



Principal Place of Business
101 SPANISH MOSS ROAD
DAVENPORT FL 33837

Mailing Address
101 SPANISH MOSS ROAD
DAVENPORT FL 33837

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 **59-3537783**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BRANDON, JACK
130 EAST CENTRAL AVE.
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **MT** ☐ Delete
NAME **LEWO, JOE**
STREET ADDRESS **101 SPANISH MOSS ROAD**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **DVAS** ☐ Delete
NAME **SCOTT, MARK**
STREET ADDRESS **101 SPANISH MOSS ROAD**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **S** ☐ Delete
NAME **BRANDON, JACK**
STREET ADDRESS **130 E. CENTRAL AVE**
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **AS** ☐ Delete
NAME **LOU, GERALD**
STREET ADDRESS **101 SPANISH MOSS ROAD**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8581.50

Date

Daytime Phone #

1/31/03 863-424-6000

CR2E034 (10/02)