

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091222

1. Entity Name

NEW CLIMATE HOME BUILDERS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90115 037 ***150.00

Principal Place of Business

1143 CENTRAL AVENUE
SARASOTA FL 34236

Mailing Address

1143 CENTRAL AVENUE
SARASOTA FL 34293-7505

2. Principal Place of Business

120 ROSE DR.

Suite, Apt. #, etc.

3. Mailing Address

120 ROSE DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

65-0870818

Applied For

Not Applicable

Zip

34293

Country

Zip

34293

Country

5. 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

BISHOP, BRIAN
1143 CENTRAL AVE.
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

120 ROSE DR.

City

VENICE

FL

Zip Code
34293

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, BRIAN 1143 CENTRAL AVE. SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	120 ROSE DR VENICE, FL 34293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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.

BRIAN BISHOP 3 / 13 / 00

941-423-7772

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #