## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 06, 2001 8:00 am DOCUMENT # P98000094795 **Secretary of State** NATIONAL CUSTOM HOMES VI, INC. 02-06-2001 90323 010 \*\*\*150.00 Principal Place of Business Mailing Address 5983 VINTAGE OAKS CIRCLE 5983 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address 16415 MIZNER CLUB DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DELRAY BEACH, FL 65-0874145 Not Applicable Country ALM BEACH Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PFENDLER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5983 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition PFENDLER, RICHARD. NAME 613 NE 19 AUE DEERFIELD BEACH, FL 33441 STREET ADDRESS STREET ADDRESS 5983 VINTAGE OAKS CIRCLE CITY-ST-ZIP DELRAY FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D\_Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

3. 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 cath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01 (500) 495-0309

FILED