

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90273 037 \*\*\*150.00

**DOCUMENT # P98000098704****1. Entity Name**  
**ABSOLUTE QUALITY HOMES, INC.****Principal Place of Business****3851 INDIAN TRAIL  
DESTIN FL 32541****Mailing Address****3851 INDIAN TRAIL  
DESTIN FL 32541****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **59-3545280**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****OWEN, DAVID A  
1221 AIRPORT ROAD  
SUITE 208  
DESTIN FL 32541****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.****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****P** ☐ Delete  
**TENORE, TONY**  
STREET ADDRESS **3851 INDIAN TRAIL**  
CITY-ST-ZIP **DESTIN FL 32541****T** ☐ Delete  
**TENORE, RHONDA**  
STREET ADDRESS **3851 INDIAN TRAIL**  
CITY-ST-ZIP **DESTIN FL 32541**☐ Delete  
TITLE  
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition  
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-01

850-837-5460

CP2E034 (10/00)