

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105260

1. Entity Name
HOUSE TO HOME OF LEE COUNTY INC.



FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90113 050 ***150.00

0624177 AV

Principal Place of Business
20129 PLUM TREE LANE
ESTERO FL 33928

Mailing Address
20129 PLUM TREE LANE
ESTERO FL 33928



2. Principal Place of Business

Suite, Apt. #, etc.
Suite 104

3. Mailing Address

Suite, Apt. #, etc.
20129 Plum Tree Lane

☐ CHECK HERE IF MAKING CHANGES

City & State

FT. Myers FL

City & State

Estero FL

4. FEI Number 65-0880582

Applied For
Not Applicable

Zip

33919

Country

Lee

Zip

FL 33928

Country

Lee

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

6. Name and Address of Current Registered Agent

GERBER, DONNA M
20129 PLUM TREE LANE
ESTERO FL 33928

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GERBER, DONNA M
STREET ADDRESS 20129 PLUM TREE LANE
CITY-ST-ZIP ESTERO FL 33928

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)