2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State P98000105841 DOCUMENT # 1. Entity Name 04-01-2002 90173 028 ***150.00 MONROE HOMES, INC. Mailing Address Principal Place of Business 2615 CULVER ROAD #200 2615 CULVER ROAD #200 ROCHESTER NY 14609 **ROCHESTER NY 14609** 2. Principal Place of Business 3. Mailing Address 120 ERIZ CANAL DRIVE 120 Epiz Compe Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 210 210 Applied For City & State 4. FEI Number City & State 22-3627802 Romester NEW YORK Not Applicable LOCHESTER Zip 14626 Country \$8.75 Additional Country 5. Certificate of Status Desired 14626 A2U Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE Delete TITLE NAME **GOLLEL, RICHARD** NAME 120 ERIE CANAL DRWE, SUITE 210 STREET ADDRESS STREET ADDRESS 2615 CULVER ROAD #200 14626 CITY-ST-ZIP ROCHESTER NY 14609 Roch Ester CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 emp SIGNATURE: Daytime Phone