

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022500

1. Entity Name

COMMUNITY HOME REALTY, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90029 049 \*\*\*150.00

Principal Place of Business

Mailing Address

2886 TAMiami TRAIL  
SUITE 8  
PORT CHARLOTTE FL 33952

2886 TAMiami TRAIL  
SUITE 8  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

22079 KIMBLE AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2481

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PT. CHARLOTTE, FL

City & State

PT. CHARLOTTE, FL

4. FEI Number 65-0901624

Applied For

Not Applicable

Zip

33952

Country

CHARLOTTE

Zip

33949

Country

CHARLOTTE

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

SIKORSKI, MICHAEL J  
1048 HARBOUR DRAKE DRIVE  
PUNTA GORDA FL 33983

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
SIKORSKI, RICHARD J  
2886 TAMiami TRAIL  
PORT CHARLOTTE FL 33952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

R. J. SIKORSKI 4/25/01

Date

Daytime Phone #

941-764-8228 x17

CR2E034 (10/00)