

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035094

1. Entity Name

RAST HOMES INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90016 008 ***150.00

Principal Place of Business
6611 WINTERSET GARDENS ROAD
WINTER HAVEN FL 33884

Mailing Address
6611 WINTERSET GARDENS ROAD
WINTER HAVEN FL 33884

910400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3569849**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARTUNG, RIGOBERT R
6611 WINTERSET GARDENS ROAD
WINTER HAVEN FL 33884

Name **KATE FISHERS**
Street Address (P.O. Box Number is Not Acceptable)
CHASTANG, FERRELL, SIMS & EISERMAN, L.L.C.
1400 W. FAIRBANKS AVE. SUITE 102
City **WINTER PARK** FL Zip Code **32789-7171**

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 **KATE FISHERS**

Kate Fisher

1/22/01

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 **D**
NAME **HARTUNG, RIGOBERT R**
STREET ADDRESS **6611 WINTERSET GARDENS ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

☒ Delete

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TITLE **D**
NAME **STARKMANN, RALF DIETER**
STREET ADDRESS **2015 8TH TERRACE S.E.**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

☒ 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: **RALF STARKMANN R. Starkmann**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01 (863) 295-9162
Date Daytime Phone #

CR2E034 (10/00)