

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90829 024 ***150.00

0410027 AV

DOCUMENT # P99000040088

1. Entity Name
PUDER-SIEGEL HOMES AT PARC CHANDON, INC.



Principal Place of Business
**7361 S 102ND PLACE
BOYNTON BEACH FL 33437**

Mailing Address
**7361 S 102ND PLACE
BOYNTON BEACH FL 33437**



2. Principal Place of Business
7047 PALAZZO REALE
Suite, Apt. #, etc.

3. Mailing Address
7047 PALAZZO REALE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BCH. FL.

City & State
BOYNTON BCH. FL.

4. FEI Number **65-0946457**

Applied For
Not Applicable

Zip Country
33437 USA

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33437 USA

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

6. Name and Address of Current Registered Agent

**PAINTER, JAMES M ESQ.
1300 NORTH FEDERAL HIGHWAY
SUITE 110
BOCA RATON FL 33432-2848**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUDER, JODI 7361 S 102ND PLACE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SIEGEL, STEPHEN 7361 S 102ND PLACE BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7047 PALAZZO REALE BOYNTON BCH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7047 PALAZZO REALE BOYNTON BCH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jodi Puder**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-742-0771
Date Daytime Phone #

CR2E034 (10/02)