2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000049547 FLORIDA STYLE HOMES, INC. 03-20-2000 90087 002 \*\*\*150.00 Mailing Address Principal Place of Business 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904-9770 C0040099 2. Principal Place of Business 3. Mailing Address 3816 CHIQUITA BLYDS 3816 CHIQUITA BLVD S Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2 City & State Citv & State 4. FEI Number Applied For 65-0926108 APE CORAL PL Not Applicable Country \$8.75 Additional 3914 5. Certificate of Status Desired マスタバ Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEALE SPIEGEL & UTRERA, P.A. dress (P.O. Box Number is Not Acceptable -343 ALMERIA AVENUE CORAL GABLES FL 33134 City CAPE CORAL 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. Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DVST TITLE ☐ Delete TITLE Addition SEALEY, JOSEPH L 3816 CHIQUITABLUDS SEALEY, JOSEPH L NAME NAME 1318 LAFAYETTE STREET STREET ADDRESS STREET ADDRESS CAPE CORAL PL 33914 CITY-ST-ZIP CITY-ST-ZIF CAPE CORAL FL 33904 DP PD ☐ Delete TITLE Change Addition TITLE BELL, HARRY L 3816 CHIQUITA BLUDS BELL, HARRY L NAME NAME 1318 LAFAYETTE STREET STREET ADDRESS STREET ADDRESS CAPE CORAL PL 33914 CITY-ST-ZIP CITY-ST-7IP CAPE CORAL FL 33904 Addition ☐ Delete TITLE BELL, SHERRY K 3816 CHIQUITA BLUDS CAPE CORAL FL 33914 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not obtain 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 of 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 attachmen SIGNATURE: