

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90008 019 ***150.00

DOCUMENT # **P99000054255 ✓**
 1. Entity Name
Florida International Homes Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

2940 E. Park Ave

3. Mailing Address

2940 E. Park Ave

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Tallahassee FL 32301

City & State

Tallahassee FL

Zip

32301

Country

U.S.A

Zip

32301

Country

U.S.A

4. FEI Number

59-3589705

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS E. BOONKE
2940 E. Park Ave Suite C
Tallahassee FLA. 32301

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.

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

TITLE **PRESIDENT** ☐ Delete
 NAME **Dennis E. Boonke**
 STREET ADDRESS **2940 E. Park Ave Suite C**
 CITY-ST-ZIP **Tallahassee FL 32301**

TITLE **Sec/Treas** ☐ Delete
 NAME **Lily Howes**
 STREET ADDRESS **33 North GM St. Suite 214**
 CITY-ST-ZIP **Haines City FL 33844**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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TITLE ☐ Delete
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 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/8/01 (850) 216-2622

Date

Daytime Phone #

CR2E034 (11/00)