

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 026 ***150.00

DOCUMENT # **P99000054255**

1. Entity Name

FLORIDA INTERNATIONAL HOMES INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

33rd N 6th STREET

Suite, Apt. #, etc.

STE 2

City & State

HAINES CITY

Zip

33844

Country

POCK

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LILY HOWES

Street Address (P.O. Box Number is Not Acceptable)

2227 MALLORY CIRCLE

HAINES CITY

City

FL

Zip Code

33844

**DO NOT WRITE
IN THIS SPACE**

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

Lily Howes

1/9/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
DAVID HOWES
2227 MALLORY CIRCLE
HAINES CITY, FL 33844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER / SECRETARY
LILY HOWES
2227 MALLORY CIRCLE
HAINES CITY, FL 33844**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02 863422-2251

CR2E034B (12/01)