

2003
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054255

1. Entity Name

FLORIDA INTERNATIONAL HOMES, INC.

FILED

03 FEB 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2940 E PARK AVENUE
SUITE C
TALLAHASSEE FL 32301
US

Mailing Address

2940 E PARK AVENUE
SUITE C
TALLAHASSEE FL 32301
US

2. Principal Place of Business

33rd N 6th ST
Suite, Apt. #, etc.
SUITE 2 + 4

3. Mailing Address

33rd N 6th STREET
Suite, Apt. #, etc.
SUITE 2 + 4

City & State

HAINES CITY

City & State

HAINES CITY

Zip

33844

Country

POLK

Zip

33844

Country

POLK

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

BOOTHE, DENNIS E

2940 E. PARK AVE., STE. C
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

LILY HOWES

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

33rd N 6th ST SUITE 2 + 4

HAINES CITY

City

FL

Zip Code

33844

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

2/3/03

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, 2002 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 P ☒ Delete
NAME BOOTHE, DENNIS E
STREET ADDRESS 2940 E. PARK AVE., STE. C
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME ST
STREET ADDRESS HOWES, LILY
CITY-ST-ZIP 33 NORTH 6TH ST SUITE 2 & 4
HAINES CITY FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME DAVID HOWES
STREET ADDRESS 33rd N 6th ST SUITE 2 + 4
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☐ Change ☐ Addition
NAME 200013695922
STREET ADDRESS 03/07/03--01062--014 **150.00
CITY-ST-ZIP

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

ST

Daytime Phone #

CR2F034 (9/01)