

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91412 009 ***158.75

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DOCUMENT # P99000064448

1. Entity Name
TRANSEASTERN HOMES, INC.



Principal Place of Business
**3300 UNIVERSITY DR.
STE 001
CORAL SPRINGS FL 33065**

Mailing Address
**3300 UNIVERSITY DR.
STE 001
CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POLIN, ALAN J
3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **CORA DiFiore**
Street Address (P.O. Box Number is Not Acceptable)
3300 University Dr Ste 001
City **Coral Springs** FL Zip Code **33065**

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 *Cora DiFiore*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-24-03**

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 | D | <input type="checkbox"/> Delete |
| NAME | FALCONE, ARTHUR | |
| STREET ADDRESS | 3300 UNIVERSITY DR STE 001 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FALCONE, EDWARD | |
| STREET ADDRESS | 3300 UNIVERSITY DR STE 001 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | DIFIORE, CORA | |
| STREET ADDRESS | 3300 UNIVERSITY DR STE 001 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | EISNER, NEIL | |
| STREET ADDRESS | 3300 UNIVERSITY DR STE 001 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | EVASILLS, JOHN | |
| STREET ADDRESS | 3300 UNIVERSITY DR. | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAN ICKOVIC | |
| STREET ADDRESS | 3300 University Dr Ste 001 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Cora DiFiore
SIGNATURE REQUIRED

DATE **4-24-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)