

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90149 032 ***150.00

DOCUMENT # P99000069474

1. Entity Name
MCC HOMES, INC.



Principal Place of Business
**4557 ELLWOOD DR
DELRAY BEACH FL 33445**

Mailing Address
**4557 ELLWOOD DR
DELRAY BEACH FL 33445**



2. Principal Place of Business

4870 S. CLASSICAL BLVD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

Same

4. FEI Number **65-0947580**

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALBERO, CHARLES

4557 LILWEDO DR

DELRAY BEACH FL 33445

CHARLES HALBERG

Name

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

4870 S. CLASSICAL BLVD

City

DELRAY BEACH

FL

Zip Code

33445

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	HALBERG, CHARLES	
STREET ADDRESS	4557 ELLWOOD DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	COLIN, MICHAEL	
STREET ADDRESS	3771 NW 126TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	LIN, CRAIG	
STREET ADDRESS	5426 CAMBOURNE PLACE	
CITY-ST-ZIP	WEST BLOOMFIELD MI 48322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHARLES HALBERG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4870 S. CLASSICAL BLVD	
STREET ADDRESS	DELRAY BEACH, FL 33445	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	COLIN, MICHAEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18890 SE Old Trail Drive East	
STREET ADDRESS	DAVIE, FL	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)