

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094641

1. Entity Name
TOTAL REALTY HOMES, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90038 012 ***550.00

Principal Place of Business
275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

Mailing Address
275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

2. Principal Place of Business
1512 NE 17 WAY

3. Mailing Address
PO BOX 11171

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE, FL

4. FEI Number
65-0957443

Applied For
Not Applicable

Zip
33304

Country

Zip
33339

Country

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

6. Name and Address of Current Registered Agent

DAVIS, KEITH
275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name
DAVIS, KEITH
Street Address (P.O. Box Number is Not Acceptable)
1512 NE 17 WAY
City
FT. LAUDERDALE FL
Zip Code
FL 33304

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  PRESIDENT 7/28/2000
(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, KEITH 275 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOCK, MICHAEL 275 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS KEITH PO BOX 11171 FT LAUDERDALE FL 33339	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOCK, MICHAEL 3652 NORTH ANDREWS AVE FT LAUDERDALE 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  7/28/2000 954-270-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (5/00)