

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107201**

1. Entity Name

FIRST HOME FLORIDA OF PASCO, INC.**FILED****Feb 01, 2001 8:00 am**
Secretary of State

02-01-2001 90165 002 ***150.00

Principal Place of Business

**5364 EHRLICH ROAD
SUITE 165
TAMPA FL 33624**

Mailing Address

**5364 EHRLICH ROAD
SUITE 165
TAMPA FL 33624**

2. Principal Place of Business

2220 US Highway 19

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holiday, Florida

City & State

Zip

34691

Country

USA

Zip

Country

4. FEI Number **59-3613126**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSOWITZ, MICHELLE
5364 EHRLICH RD
STE 165
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Louis J. Mendel

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

5364 Ehrlich Rd #165

City

Tampa

FL

Zip Code

33604

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

1/25/019. 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, 2001 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	<input type="checkbox"/> Delete
NAME	MENDEL, LOUIS J III	
STREET ADDRESS	5364 EHRLICH ROAD, SUITE 165	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	HAMMES, GARY C	
STREET ADDRESS	5364 EHRLICH ROAD SUITE 165	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSOWITZ, MICHELLE D	
STREET ADDRESS	5364 EHRLICH ROAD, SUITE 165	
CITY-ST-ZIP	TAMPA FL 33624	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Louis J. Mendel III **1/25/01** **7278422100**

CR2E034 (10/00)