

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90603 015 ***150.00

DOCUMENT # P99000107201

1. Entity Name

FIRST HOME FLORIDA OF PASCO, INC.



Principal Place of Business

2220 US HWY 19
HOLIDAY FL 34691

Mailing Address

2220 US HWY 19
HOLIDAY FL 34691

2. Principal Place of Business

17633 Gunn Highway

Suite, Apt. #, etc.

Suite 165

City & State
Odessa, FL

Zip
33556

Country
USA

3. Mailing Address

17633 Gunn Highway

Suite, Apt. #, etc.

Suite 165

City & State
Odessa, FL

Zip
33556

Country
USA



☐ CHECK HERE IF MAKING CHANGES

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

MEDEL, LOUIS J
5364 EHRlich RD
STE 165
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Louis - Mendel

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

17633 Gunn Highway

#165

City

Odessa

FL

Zip Code

33556

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

Louis Mendel

1/10/03

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

TITLE ☐ Delete
NAME P
STREET ADDRESS MEDEL, LOUIS J III
CITY-ST-ZIP 5364 EHRlich ROAD, SUITE 165
TAMPA FL 33624

TITLE ☒ Delete
NAME S
STREET ADDRESS JOSOWITZ, MICHELLE D
CITY-ST-ZIP 5364 EHRlich ROAD, SUITE 165
TAMPA FL 33624

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME President / VP / ST
STREET ADDRESS Louis J. Mendel
CITY-ST-ZIP 17633 Gunn Highway #165
Odessa FL 33556

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

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

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

TITLE ☐ Change ☐ 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

Louis Mendel

813-695-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)