

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/8

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90136 007 \*\*\*150.00

**DOCUMENT # P99000111432**

1. Entity Name

**PASCO MODEL HOMES, INC.**

*(Handwritten: 2)*

Principal Place of Business

Mailing Address

2739 U.S. HWY.19,STE.201  
HOLIDAY FL 34691

2739 U.S. HWY.19,STE.201  
HOLIDAY FL 34691

2. Principal Place of Business

8801 RIVER CROSSING BLVD

3. Mailing Address

P.O. BOX 2108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

ELFERS

Zip

34655

Country

USA

Zip

34680-2108

Country

USA

4. FEI Number

59-3616985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUDSON, JOHN E

2739 U.S. HWY.19,STE.201  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

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

8801 RIVER CROSSING BLVD.

City

NEW PORT RICHEY

FL

Zip Code 34655

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

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 \$150.00**  
**After MAY 1, 2000 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          | D                        | <input type="checkbox"/> Delete |
| NAME           | HUDSON, JOHN E           |                                 |
| STREET ADDRESS | 2739 U.S. HWY.19,STE.201 |                                 |
| CITY-ST-ZIP    | HOLIDAY FL 34691         |                                 |
| 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          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 8801 RIVER CROSSING BLVD. |  |
| STREET ADDRESS | NEW PORT RICHEY, FL 34680 |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | CORP. SEC'Y.              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SUSAN SILVA               |  |
| STREET ADDRESS | 8801 RIVER CROSSING BLVD. |  |
| CITY-ST-ZIP    | NEW PORT RICHEY, FL 34655 |  |
| 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    |                           |  |

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:

*(Handwritten Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)