

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29165

1. Entity Name

TEC HOMES OF FLORIDA, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90022 001 \*\*\*300.00

Principal Place of Business

Mailing Address

~~554 EAGLES CREEK DRIVE~~  
LAKE MARY FL 32795  
US

P.O. BOX 952913  
LAKE MARY FL 32795-2913

2. Principal Place of Business

3. Mailing Address

1255 Glencrest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Mary, FL 32746

Zip

Country

32746

Country

Seminole

4. FEI Number 59-3048042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALOMBI, LAWRENCE M

~~1267 GLENCREST DRIVE~~

PO BOX 952913

LAKE MARY FL 32746

Name

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

1255 Glencrest Dr.

P.O. Box 952913

City

Lake Mary

FL

Zip Code

32746

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 Laurence M. Paldi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME PALOMBI, LAWRENCE M  
STREET ADDRESS 1267 GLENCREST DRIVE  
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

Laurence M. Paldi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/00 407-333-3820

Date

Daytime Phone #

CR2E034 (9/99)