

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11355

1. Entity Name
HOMES BY M.J. GAGNON, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90088 020 ***150.00

Principal Place of Business

Mailing Address

4100 CORPORATE SQUARE
SUITE 174
NAPLES FL 34104-4714
US

4100 CORPORATE SQ
SUITE 174
NAPLES FL 34104
US

00040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2133 TAMA CI

2133 TAMA CI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

201

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34112

U.S.A.

34112

U.S.A.

4. FEI Number 65-0314848

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

GAGNON, MARCEL
4100 CORPORATE SQ #174
NAPLES FL 34104

Name

GAGNON, MARCEL

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

2133 TAMA CIR. # 201

City

NAPLES

FL

Zip Code

34112

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

MARCEL GAGNON

Marcel Gagnon

3-26-2001

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

(NOTE: Registered Agent signature required when re-registering)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GAGNON, MARCEL J.
4100 CORPORATE SQ #174
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P.
GAGNON MARCEL J.
2133 TAMA CIR. # 201
NAPLES, FL. 34112 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Marcel Gagnon

3-26-01 941-403-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)