

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90011 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V11355**

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

Principal Place of Business

**2133 TAMA CI**  
**#201**  
**NAPLES FL 34112**  
**US**

Mailing Address

**2133 TAMA CI**  
**#201**  
**NAPLES FL 34112**  
**US**

2. Principal Place of Business

**4280 TAMiami TR.E.**

3. Mailing Address

**4280 TAMiami TR.E.**

Suite, Apt. #, etc.

**# 301**

Suite, Apt. #, etc.

**# 301**

City & State

**NAPLES FL**

City & State

**NAPLES, FL**

4. FEI Number

**65-0314848**

Applied For

Not Applicable

Zip

**34112**

Country

**U.S.A**

Zip

**34112**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GAGNON, MARCEL**  
**2133 TAMA CIR #201**  
**NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name

**GAGNON MARCEL**

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

**4058 ROYAL WOOD BLVD**

**NAPLES, FL 34112**

City

**FL**

Zip Code

**3**

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

**MARCEL J. GAGNON**

**4-24-02**

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, 2002 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	DP
NAME	GAGNON, MARCEL J.
STREET ADDRESS	2133 TAMA CIR #201
CITY-ST-ZIP	NAPLES FL 34112
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNON MARCEL J.	
STREET ADDRESS	4058 ROYAL WOOD BLVD	
CITY-ST-ZIP	NAPLES, FL 34112	
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		
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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-02 941-774-5500**

CR2E034 (9/01)