

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71084

1. Entity Name

CUSTOM HOMES WEST, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90073 038 \*\*\*158.75

Principal Place of Business

8466 N. LOCKWOOD RIDGE ROAD  
SUITE 300  
SARASOTA FL 34243

Mailing Address

8466 N. LOCKWOOD RIDGE ROAD  
SUITE 300  
SARASOTA FL 34243-2951

2. Principal Place of Business

6312 US Hwy 301

Suite, Apt. #, etc.  
PMB 396

City & State  
ELLENTON FLORIDA

Zip  
34222

Country  
USA

3. Mailing Address

6312 US Hwy 301

Suite, Apt. #, etc.  
PMB 396

City & State  
ELLENTON FL

Zip  
34222

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0370161

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESENBERG, TREY  
8466 N. LOCKWOOD RIDGE ROAD  
SUITE 300  
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DESENBERG, TREY  
8466 N LOCKWOOD RIDGE RD  
SARASOTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

*TREY DESENBERG*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00  
Date

Daytime Phone #

CR2E034 (9/99)