

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90072 019 \*\*\*150.00

**DOCUMENT # G20146**

1. Entity Name

**HOMEOWNERS MARKETING SERVICES INTERNATIONAL, INC**

Principal Place of Business

Mailing Address

**400 SAWGRASS CORPORATE PWY  
 SUNRISE FL 33325  
 US**

**PO BOX 551540  
 FT LAUDERDALE FL 33355-1540  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1625 N.W. 136<sup>th</sup> Ave.**

Suite, Apt. #, etc.

**Ste 200**

City & State

**Ft. Lauderdale, FL**

Zip

**33323**

Country

**USA**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2253060**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STARRETT CYNTHIA  
 400 SAWGRASS CORP PKWY  
 SUNRISE FL 33325**

7. Name and Address of New Registered Agent

Name **Cynthia J. Starrett**  
 Street Address (P.O. Box Number is Not Acceptable)

**1625 N.W. 136<sup>th</sup> Ave., Ste. 200**

City **Ft. Lauderdale**

State **FL**

Zip Code **33323**

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 *Cynthia J. Starrett*

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

SIGNATURE *Cynthia J. Starrett*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/20/00**

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 **P**  Delete  
 NAME **PYLES ALAN**  
 STREET ADDRESS **400 SAWGRASS CORPORATE PARKWAY**  
 CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **V**  Delete  
 NAME **WOLK HOWARD**  
 STREET ADDRESS **400 SAWGRASS CORPORATE PARKWAY**  
 CITY-ST-ZIP **SUNRISE FL 33325**

~~TITLE **T**  Delete  
 NAME **STARRETT CYNTHIA**  
 STREET ADDRESS **400 SAWGRASS CORPORATE PARKWAY**  
 CITY-ST-ZIP **SUNRISE FL 33325**~~

TITLE **S**  Delete  
 NAME **STARRETT, CYNTHIA J**  
 STREET ADDRESS **400 SAWGRASS CORP PKWY**  
 CITY-ST-ZIP **SUNRISE FL 33325**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Change  Addition  
 NAME **Kenneth E. Harthausen**  
 STREET ADDRESS **1625 N.W. 136<sup>th</sup> Ave., Ste. 200**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33323**

TITLE  Change  Addition  
 NAME **1625 N.W. 136<sup>th</sup> Ave., Ste. 200**  
 STREET ADDRESS **Ft. Lauderdale, FL 33323**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33323**

~~TITLE  Change  Addition  
 NAME **Cynthia J. Starrett**  
 STREET ADDRESS **1625 N.W. 136<sup>th</sup> Ave., Ste. 200**  
 CITY-ST-ZIP **Ft. Lauderdale, FL 33323**~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Cynthia J. Starrett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/20/00**

Date

DAYTIME PHONE # **954-845-9100**

Daytime Phone #