

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB -7 AM 9:23

DOCUMENT # H59582

1. Entity Name

Home Masters Construction Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

745 C Shamrock Blvd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7069

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

North Port, FL

Zip

34293

Country

USA

Zip

34287

Country

USA

4. FEI Number

59-2532387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mouhot, Emile J.

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

1395 Bayshore Dr

City

Englewood,

FL

Zip Code

34223

**DO NOT WRITE
IN THIS SPACE**

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.

EJ. Mouhot

(NOTE: Registered Agent signature required when reinstating)

1-25-02

DATE

941-492-4494

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 VP
NAME Mouhot, Deborah L.
STREET ADDRESS 1395 Bayshore Dr
CITY-ST-ZIP Englewood, FL 34223

TITLE DPTS
NAME Mouhot, Emile J.
STREET ADDRESS 1395 Bayshore Dr
CITY-ST-ZIP Englewood, FL 34223

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EJ. Mouhot

Date

1-25-02

Daytime Phone #

941-492-4494

CR2E034B (12/01)

2092



"Service Is Our Reputation ... Since 1985"

January 8, 2002

Florida Department of State
Attn: Barbara Mitchell, Document Specialist
PO Box 6327
Tallahassee, FL 32314

RE: H59582

To Whom It May Concern:

I am also writing to request the waiver of late fees, because we never received the original Uniform Business Report for year 2001. The mailing address we had at the time, will not forward or return to sender any of our mail.

On December 13, 2001, via Certified Mail, I submitted a completed blank form from your office and payment of \$758.75, with all the new information on it. Per my phone conversation of January 7, 2002, I learned that I could have requested the waiver of late fees.

At this writing, I am requesting a refund of \$450.00. Which would be \$150. for 2001, \$8.75 for the Certificate of Status and \$150 towards 2002.

Thank you in advance for taking care of this matter for our office. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in dark ink, appearing to read "Emile J. Mouhot", is written over the word "Sincerely,".

Emile J. Mouhot
President

EJM/dlm

Enclosures

P.O. Box 7069 • North Port, FL 34287-0069
BUS 941-492-4494 • FAX 941-492-4495 • USA 800-330-2028
website & email @ www.homemastersconstruction.com
Emile J. "E.J." Mouhot, Owner & Contractor St.Cert.Lic #CB C033157