

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90011 046 \*\*\*\*75.00

**DOCUMENT # N00000003251**

1. Entity Name

**HOMESPUNJOY, INC.**



Principal Place of Business

Mailing Address

1430 - 54TH STREET SOUTH  
 GULFPORT FL 33707

1430 - 54TH STREET SOUTH  
 GULFPORT FL 33707

LUU70104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1430 54<sup>th</sup> St S  
 Suite, Apt. #, etc.  
 Gulfport, Florida

1430 54<sup>th</sup> St S  
 Suite, Apt. #, etc.  
 Gulfport Florida

City & State

City & State

33707

33707

Zip

Country

Zip

Country

33707

Pinellas

33707

Pinellas

4. FEI Number

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

FOSTER, DAVID W  
 555 FOURTH STREET NORTH  
 ST. PETERSBURG FL 33701

SAME

Name  
 Foster David W

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

555 Fourth Street N

City

St Petersburg

FL

Zip Code

33701

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

*David W Foster*

- No Change -

*David W Foster* 9/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BARBARA JAYNE JOY FISHER	
STREET ADDRESS	1430 - 54TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, BONNIE	
STREET ADDRESS	840 BEACH DRIVE NORTHEAST	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RILEY, JUDY A	
STREET ADDRESS	1430 - 54TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCADAMS, BARBARA V	
STREET ADDRESS	1430 - 54TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	2045 EAST BAY DRIVE #327	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V-President (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA JAYNE JOY FISHER	
STREET ADDRESS	1430 54 <sup>th</sup> St. South	
CITY-ST-ZIP	Gulfport Florida 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruby Dorothy McCarthy	
STREET ADDRESS	1407 York St. S	
CITY-ST-ZIP	Gulfport, Florida 33707	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: *David W Foster* President

9/10/01 727-302-9669

CR2E037 (5/01)