## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 I UNIFOR	FOR PROFIT	CORPOR	RATION T (UBR	k)	FILEI Apr 30, 2003 Secretary o	_	am	
DOCUMENT  1. Entity Name  HOME DEVCO/PO		111359			04-30-2003 90326 04			
Home Device Principal Place of Busines		Tac.	125/02					
15340 JOG ROAD SUITE 100 DELRAY BEACH FL 33484 US		15340 JOG ROAD SUITE 100 DELRAY BEACH FL 33484 US						
2. Principal Place of Business  3. Mailing Address  Suite. Apt. #, etc.  Suite, Apt. #, etc.							JI    <b>  </b>	
City & State		City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number Applied For			
Zip Country		Zip 2 JV/	Country	5 Certificate of Status Desired S8.75 Add				
52116 6. Nami	e and Address of Current Reg	DDTTO	<u> </u>		7. Name and Address of New Registered	Fee Required Agent	1	
KORN, GARY A				Name				
20801 BISCAYNE BOULEVARD SUITE 501			Street	Street Address (P.O. Box Number is Not Acceptable)				
AVENTURA FL 33180			City		FI	Zip Code	•	
8. The above named entite the obligations of regis	ty submits this statement for the stered agent.	e purpose of changing its	s registered office	or registere	ed agent, or both, in the State of Florida. I am	familiar with, a	and accept	
SIGNATURE	d or brinted name of registered agent and ti	tle if applicable. (NO	FE: Registered Agent sign	ature required	when reinstating)	≃		
After May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of St	ate		<del></del>	Election Campaign Financing     Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND DIR	ECTOR\$	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ang 1334 Delr	lrew Steinberg 100 10 000 Rand Suite 100 ay Deach, Fi 33446	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated on this repo of the corporation or the	or supplemental report is truite receiver of trustee empower achment with an address, with	e and accurate and that ed to execute this report	my signature shall as required by Ch	have the s	stion 119.07(3)(i), Florida Statutes. I further ce ame legal effect as if made under oath; that i Florida Statutes; and that my name appears	am an officer of	or director	