

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90081 024 ***150.00

DOCUMENT # P96000103325

1. Entity Name

HOMELIFE-TEC INC.

Principal Place of Business

Mailing Address

8753 MERION AVENUE
 SARASOTA FL 34238
 US

P.O. BOX 367041
 BONITA SPRINGS FL 34136-7041
 US

B0007327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27141 Brendan Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip
34135

Country
US

Zip

Country

4. FEI Number

65-0720983

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 ~~Current~~ **New** Registered Agent

ROTH, SIEGFRIED
 8753 MERION AVENUE
 SARASOTA FL 34238

Name

Roth Siegfried

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

27141 Brendan Way

City

Bonita Springs

State

FL

Zip Code

34135

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	ROTH, SIEGFRIED	P.O. BOX 785 N/A	OSPREY FL 34229	<input type="checkbox"/>
DVPS	ROTH, EDITH	P.O. BOX 785 N/A	OSPREY FL 34229	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DPT	Roth Siegfried	P.O. Box 367041	Bonita Springs, FL 34136-7041	<input type="checkbox"/>	<input type="checkbox"/>
DVPS	Roth Edith	P.O. Box 367041	Bonita Springs, FL 34136-7041	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Siegfried Roth, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/23/2000 941-770 0626
 Daytime Phone #