

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90010 034 \*\*\*550.00

**DOCUMENT # P98000019701**

1. Entity Name  
**HOME BUYER CONNECTION, INC.**

Principal Place of Business      Mailing Address  
 9745 SADDLEBROOK DR      P O BOX 97-0876  
 BOCA RATON FL 33496      BOCA RATON FL 33497

2. Principal Place of Business      3. Mailing Address  
**9765 Saddlebrook Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Boca Raton, FL**  
 Zip      Country      Zip      Country  
**33496      USA**

4. FEI Number      Applied For  
**65-0830370**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WOODSON, LARIUS**  
**LARIUS WOODSON**  
**9765 SADDLEBROOK DR**  
**BOCA RATON FL 33496**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOODSON, LARIUS</b>	
STREET ADDRESS	<b>9765 SADDLEBROOK DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WOODSON, MAURISSA</b>	
STREET ADDRESS	<b>9765 SADDLEBROOK DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	<b>7</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rosemarie Barran</b>	
STREET ADDRESS	<b>3982 NW 110 Ave</b>	
CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>	
TITLE	<b>5</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richard Barran</b>	
STREET ADDRESS	<b>3982 NW 110 Ave</b>	
CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>	
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		

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: *Larius Woodson*      **Woodson**      8/30/00      (561) 702-8989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)