

2020 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90061 020 ***150.00

DOCUMENT # S66938

1. Entity Name

NEW HOME SPECIALIST MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

2300 GLADES ROAD
 SUITE 330 W
 BOCA RATON FL 33431

2300 GLADES ROAD
 SUITE 330 WEST
 BOCA RATON FL 33431-7386

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0298349

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

SCHULTZ, ROBERT A.
2300 GLADES ROAD
SUITE 330 WEST
BOCA RATON FL 33431

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

[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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|-----------------------------|---|---|
| TITLE | NAME | TITLE | NAME |
| DP | SCHULTZ, ROBERT A. | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7814 VILLA D'ESTE WAY | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | CITY-ST-ZIP | |
| DV | BURKETT, MARGARET A. | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7814 VILLA D'ESTE WAY | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33446 | CITY-ST-ZIP | |
| V | STEVEN, HOFFACKER R. | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2919-E NORTH MILITARY TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature: Robert Schultz]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00 561-368-115

Date Daytime Phone #

CR2E034 (9/99)