

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90080 050 ***150.00

DOCUMENT # S78193

1. Entity Name

HOME BUILDER MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

**708 INDUSTRIAL RD
 LONGWOOD FL 32750**

~~5700 RED BUG LAKE RD~~
~~#186~~
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

711 Ironwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs FL

4. FEI Number

59-3075844

Applied For

Not Applicable

Zip

Country

Zip

Country

32708

USA

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

OSLEGER, KENNETH

~~1054 CHESTERFIELD CIR~~

WINTER SPRINGS FL 32708

Name

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

711 Ironwood Court

City

Winter Springs

FL

Zip Code

32708

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 of registered agent or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

x 3-4-02

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **OSLEGER, KENNETH W**
 CITY-ST-ZIP ~~1054 CHESTERFIELD CIR~~
WINTERSPRINGS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **711 Ironwood Ct**
 CITY-ST-ZIP **Winter Springs FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 3-4-02

CR2E034 (9/01)