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

## P00000062071 DOCUMENT #

1. Entity Name



**FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90168 008 \*\*\*150.00

FIRST HOME BANCORP, INC.								
Principal Place 9190 SEMINOL SEMINOLE FL	LE BLVD.	Mailing Address 9190 SEMINOLE BLVD. SEMINOLE FL 33772			<del>-</del>			
2. Principal Pi	lace of Business	3. Mailing Address			-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			<b>4.</b> F	FEI Number 59-3665079 Applied For Not Applicable		
Zip	Zip Country Zip		Country		5. (	5. Certificate of Status Desired		
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. t	Name and Address of New Registered A	gent	"
				Name		المستان المناهم المستستند والمنه مي	~~. ·~.	"
FORBES, JEFFORY H 9190 SEMINOLE BLVD.				Street Address	(P.O. B	lox Number is Not Acceptable)		
	FL 33772							
				City		FL	Zip Cod	de
the obligati	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent a			ed office or registe		ent, or both, in the State of Florida. I am f	amiliar with	, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND DIRECTORS		11.	11.		DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11
TITLE TABLE TO THE TRANSPORT TO THE TABLE	D Delete BARGER, BILLIE A 6380 33RD AVENUE NORTH SAINT PETERSBURG FL 33710						☐ Change	☐ Addition \ {
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Delete CASTLES, ROBERT G 8275 113TH STREET NORTH SEMINOLE FL 33772						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELOACH, DENNIS R JR 8640 SEMINOLE BLVD SEMINOLE FL 33772	☐ Delete	STR	E ME'	•	್ರೀಕ್ಷ್ ಇಲ್ಲಾಗ ನಡೆ ಬ್ಲಾಗ್ ಸ್ಟ್ರಾಟ್ ಪ್ರಿಟ್ಟ್ ಬ	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete TH DONOVAN, GEORGE C JR NA 13356 87TH AVENUE NORTH ST						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORBES, JEFFORY H 611 66TH AVENUE SOUTH SAINT PETERSBURG FL 33705	ORBES, JEFFORY H 11 66TH AVENUE SOUTH					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, CLAUDE D 8982 SEMINOLE BLVD SEMINOLE FL 33772	☐ Delete					☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**