

5/1

5/15

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-15-2002 90100 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 545503 ✓

1. Entity Name

HOME DEVELOPMENT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PIAELLAS
GULFPORT FL CO

3. Mailing Address

6102 8th Ave S

Suite, Apt. #, etc.

6102 8th Ave S

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

Zip

33707

Country

USA

Zip

33707

Country

USA

4. FEI Number

59-1766811

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES BENNETT WARE

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

6102 8th Ave S

City

GULFPORT

FL

Zip Code

33707

DO NOT WRITE
IN THIS SPACE

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

Charles Bennett Ware

6/04/02

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

 9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PVP WARE, CHARLES B. 6102 8TH AVENUE SOUTH GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARE, LISA M. 6102 8TH AVENUE SOUTH GULFPORT, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Bennett Ware

4/26/02 727-381-3361

CR2ED34B (12/01)