

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90481 013 \*\*\*150.00

**DOCUMENT # 591525**



1. Entity Name  
**HOMESURE OF AMERICA, INC.**

Principal Place of Business  
**1625 NW 136TH AVE  
STE 200  
FORT LAUDERDALE FL 33323  
US**

Mailing Address  
**P O BOX 551540  
FT LAUDERDALE FL 33355-154  
US**

**JUUUU000**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1855827**

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

**JUDGES, ROBERT  
1625 NW 136TH AVE, STE 200  
FORT LAUDERDALE FL 33323**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>JUDGES, ROBERT</b>	
STREET ADDRESS	<b>1625 NW 136TH AVE STE 200</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33323</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WOLK, HOWARD L</b>	
STREET ADDRESS	<b>1625 NW 136TH AVE, STE 200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33323</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FINN, SANDRA C</b>	
STREET ADDRESS	<b>1625 NW 136TH AVE., STE 200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33323</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COKE, L. ASHLEY</b>	
STREET ADDRESS	<b>1625 NW 136TH AVE., STE 200</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33323</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D / V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wolk, Howard L.</b>	
STREET ADDRESS	<b>1625 NW 136th Avenue., Suite 200</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33323</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wolk, Sidney D.</b>	
STREET ADDRESS	<b>Same as above</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wolk, Jeffrey C.</b>	
STREET ADDRESS	<b>Same as above</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wolk, Nathan T.</b>	
STREET ADDRESS	<b>Same as above</b>	
CITY-ST-ZIP		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert W. Judges* **REQUIRED** **Robert W. Judges** **1/7/03** **954-845-2325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)