FILED Mar 06, 2003 8:00 am Secretary of State

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2003 NOT-F UNIFORM	OR-PROFIT BUSINESS	REPORT	(UBR)
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Entity Name	IENT # 727052 HOMEOWNERS, INC.	<u> </u>					02	-14-200	3 9021	3 013 ****	00.23
Principal Place of BOX 690153 RLANDO FL 329		US	90153 FL 32869-7153		·						
2. Principal Pla	ce of Business	3. Malling	Address				II 18818 (1811 1891)	Bibi diric		-	
Suite, Apt. #	, etc.	Suite,	Apt. #, etc.						MAKING	CHANGES	ied For
City & State		City &	State			4. FEI Nu	mber 59-19 1	2630 		Not /	Applicable
Zip	Country	Zip		Coun	try	5. Certific	ate of Status D	Desired		\$8.75 Additi	onal
	·			┸——		7. Name	and Address	1 New Reg	istered /	\gent	
	6. Name and Address of Curr	ent Registered A	Agent		Name				و يعيب	- حيد بيس	
		<u></u>			Charles Williams	ess (P.O. Box Nu	mber is Not Ac				,
BELL, GAI				ļ	Street Addr	E35 (F.O. BOX 110					
8435 CAR			•	Ţ							
URLANDO) FL 32819			ļ.	City				FL	Zip Code	1
•	named entity submits this stateme	=				-1-4	r both in the S	tate of Flori	da. Iam	familiar with, a	ind accept
the obligati	ions of registered agent.								DATE		
SIGNATURE .	Signature, typed or printed name of registered		able. (NC	OTE: Registered	inancing	\$5.00 M Added to	May Be	Florida	a Depai	k Payable I	tate
SIGNATURE -	Signature, typed or printed name of registered	egent and title it applications	able. (NC	OTE: Registered	Agent signature inancing on.	\$5.00 h Added to	Agy Be	Florida	e Chec a Depai	rtment of S	itate
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Thereby certing that the discovered from the property of the corporation of the report of supplemental report is true and accurate and that my signature shall have indicated on this report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter of the corporation or the receiver or trustee empowered to execute this report as required by Chapter of the corporation or on an attachment with an address, with all other like empowered.